

HMIS COVID-19 Vaccination Form for Solano County Projects

General Instructions

This is the COVID-19 vaccination form for ALL projects in Solano County. This form should be filled out for all household members and entered into HMIS accordingly.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response. Please note that current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

CLIENT DEMOGRAPHICS

DATE OF BIRTH

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

		/			/			
Month			Day			Year		

DATE OF BIRTH DATA QUALITY

<input type="checkbox"/>	Full date of birth reported
<input type="checkbox"/>	Approximate or partial date of birth reported
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

GENDER

<input type="checkbox"/>	Female	<input type="checkbox"/>	Gender Non-Conforming (i.e. not exclusively male or female)
<input type="checkbox"/>	Male		
<input type="checkbox"/>	Trans Female (MTF, or male to female)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Trans Male (FTM, or female to male)	<input type="checkbox"/>	Client refused

RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

Race	Primary race	Secondary race
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>

ETHNICITY

<input type="checkbox"/>	Non-Hispanic/Non-Latino	<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
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VACCINATION SCREENING AND STATUS

Is the client willing to take the COVID-19 vaccine?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
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If **YES**, has the client gotten the first shot or dose?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
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If **NO**, what is the key concern? Please select one.

<input type="checkbox"/> Believe the vaccine is not safe and may cause serious health complications	<input type="checkbox"/> Believe the vaccine may infect them with COVID-19
<input type="checkbox"/> Believe the vaccine will not work/is ineffective	<input type="checkbox"/> Concern that vaccination may lower vulnerability score and/or impact access to services
<input type="checkbox"/> Believe the vaccine is too new	<input type="checkbox"/> Distrust in the healthcare system due to historic and/or current racism
<input type="checkbox"/> Concerns with the vaccine development process	<input type="checkbox"/> Other
<input type="checkbox"/> Believe they are not at risk of getting COVID-19 or risk is low	

If **NO**, what would the client need to feel safe taking the vaccine?

DOSE 1

Identify the client's vaccination status.

<input type="checkbox"/> Vaccination complete	<input type="checkbox"/> Partial vaccination	<input type="checkbox"/> No vaccination
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DATE DOSE 1 SCHEDULED

		/			/				
Month		Day		Year					

DATE DOSE 1 ADMINISTERED

		/			/				
Month		Day		Year					

Where was dose 1 administered?

<input type="checkbox"/> Benicia	<input type="checkbox"/> Suisun City	<input type="checkbox"/> Napa County
<input type="checkbox"/> Birds Landing	<input type="checkbox"/> Vacaville	<input type="checkbox"/> Sacramento County
<input type="checkbox"/> Dixon	<input type="checkbox"/> Vallejo	<input type="checkbox"/> San Francisco County
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Other area in Solano County	<input type="checkbox"/> Yolo County
<input type="checkbox"/> Green Valley	<input type="checkbox"/> Alameda County	<input type="checkbox"/> Other area in California (non-Solano)
<input type="checkbox"/> Rio Vista	<input type="checkbox"/> Contra Costa County	<input type="checkbox"/> Other area outside of California

DOSE 1 COVID-19 IMMUNIZATION INFORMATION SYSTEM (IIS) RECIPIENT ID

DOSE 1 COVID-19 VACCINE MANUFACTURER (MVX)

<input type="checkbox"/> Pfizer/BioNTech	<input type="checkbox"/> Moderna
<input type="checkbox"/> Johnson and Johnson	

VACCINE SCREENING AND STATUS

DOSE 2

Is a second dose required?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DATE DOSE 2 SCHEDULED

		/			/			
Month			Day				Year	

DATE DOSE 2 ADMINISTERED

		/			/			
Month			Day				Year	

Where was dose 2 administered?

<input type="checkbox"/> Benicia	<input type="checkbox"/> Suisun City	<input type="checkbox"/> Napa County
<input type="checkbox"/> Birds Landing	<input type="checkbox"/> Vacaville	<input type="checkbox"/> Sacramento County
<input type="checkbox"/> Dixon	<input type="checkbox"/> Vallejo	<input type="checkbox"/> San Francisco County
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Other area in Solano County	<input type="checkbox"/> Yolo County
<input type="checkbox"/> Green Valley	<input type="checkbox"/> Alameda County	<input type="checkbox"/> Other area in California (non-Solano)
<input type="checkbox"/> Rio Vista	<input type="checkbox"/> Contra Costa County	<input type="checkbox"/> Other area outside of California

DOSE 2 COVID-19 IMMUNIZATION INFORMATION SYSTEM (IIS) RECIPIENT ID

DOSE 2 COVID-19 VACCINE MANUFACTURER (MVX)

<input type="checkbox"/> Pfizer/BioNTech	<input type="checkbox"/> Moderna
<input type="checkbox"/> Johnson and Johnson	

DOSE 3

Is a third dose required?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DATE DOSE 3 SCHEDULED

		/			/			
Month			Day				Year	

DATE DOSE 3 ADMINISTERED

		/			/			
Month			Day				Year	

Where was dose 3 administered?

<input type="checkbox"/> Benicia	<input type="checkbox"/> Suisun City	<input type="checkbox"/> Napa County
<input type="checkbox"/> Birds Landing	<input type="checkbox"/> Vacaville	<input type="checkbox"/> Sacramento County
<input type="checkbox"/> Dixon	<input type="checkbox"/> Vallejo	<input type="checkbox"/> San Francisco County
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Other area in Solano County	<input type="checkbox"/> Yolo County
<input type="checkbox"/> Green Valley	<input type="checkbox"/> Alameda County	<input type="checkbox"/> Other area in California (non-Solano)
<input type="checkbox"/> Rio Vista	<input type="checkbox"/> Contra Costa County	<input type="checkbox"/> Other area outside of California

DOSE 3 COVID-19 IMMUNIZATION INFORMATION SYSTEM (IIS) RECIPIENT ID

DOSE 3 COVID-19 VACCINE MANUFACTURER (MVX)

<input type="checkbox"/> Pfizer/BioNTech	<input type="checkbox"/> Moderna
<input type="checkbox"/> Johnson and Johnson	