

HMIS Intake Form for COVID 19 Collection

This form is for the additional Covid 19 question that will need to be added at each intake. Effective 4/1/2021

The following are collected to search the client.

Project Name	
HoH First Name	Last
Social Security Number	

*Collect the following Covid 19 – Vaccination information for all clients 18 years of age and above.

Screening Questions and Responses	
Are you willing to take the COVID-19 Vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not collected <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If Yes, have you gotten the first shot/dose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not collected <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If no, what is the key concern?	<input type="checkbox"/> Believe the vaccine is not safe and may cause serious health complications <input type="checkbox"/> Believe the vaccine will not work/is ineffective <input type="checkbox"/> Believe the vaccine is too new <input type="checkbox"/> Concerns with the vaccine development process <input type="checkbox"/> Believe they are not at risk of getting COVID19 or risk is low <input type="checkbox"/> Believe the vaccine may infect them with COVID19 <input type="checkbox"/> Concern that vaccination may lower vulnerability score and/or impact access to services <input type="checkbox"/> Distrust in the healthcare system due to historic and/or current racism <input type="checkbox"/> Other
If no, what would you need to feel safe taking the vaccine?	
Vaccine Status Questions and Responses	
Vaccination status:	<input type="checkbox"/> Vaccination Complete <input type="checkbox"/> Partial vaccination <input type="checkbox"/> No vaccination
Dose 1: Data Scheduled	
Dose 1: Date Administered	
Dose 1: Location Administered	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Health Department

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	<input type="checkbox"/> Regional Vaccination Center <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Jail/Detention Center <input type="checkbox"/> Residence <input type="checkbox"/> Unsheltered Sleeping Location <input type="checkbox"/> Dr. office <input type="checkbox"/> Other
Dose 1: Vaccination Provider	
Dose 1: COVID 19 Immunization Information System (IIS) recipient ID (optional)	
Dose 1 COVID19 vaccine manufacture (MVX)	<input type="checkbox"/> Pfizer/BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson and Johnson
Second Dose Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dose 2: Data Scheduled	
Dose 2: Date Administered	
Dose 2: Location Administered	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Health Department <input type="checkbox"/> Regional Vaccination Center <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Jail/Detention Center <input type="checkbox"/> Residence <input type="checkbox"/> Unsheltered Sleeping Location <input type="checkbox"/> Dr. office <input type="checkbox"/> Other
Dose 2: Vaccination Provider	
Dose 2: COVID 19 Immunization Information System (IIS) recipient ID (optional)	
Dose 2 COVID19 vaccine manufacture (MVX)	<input type="checkbox"/> Pfizer/BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson and Johnson
Third Dose Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dose 3: Data Scheduled	
Dose 3: Date Administered	
Dose 3: Location Administered	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Health Department <input type="checkbox"/> Regional Vaccination Center <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Jail/Detention Center <input type="checkbox"/> Residence <input type="checkbox"/> Unsheltered Sleeping Location <input type="checkbox"/> Dr. office <input type="checkbox"/> Other
Dose 3: Vaccination Provider	

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Dose 3: COVID 19 Immunization Information System (IIS) recipient ID (optional)	
Dose 3 COVID19 vaccine manufacture (MVX)	<input type="checkbox"/> Pfizer/BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson and Johnson

Staff Completing (Printed Name):

Date:

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