



COVID-19 Vaccine Clinic Schedule

Fall 2021 at LBWCC

Free Moderna (2-dose) and Johnson & Johnson (1-dose) COVID-19 vaccines will be offered to the public, LBW students, and employees age 18 and older on the following dates. **Parent or legal guardian must sign consent for age 18 to receive a vaccine.** Age 19 is considered legal adult age in the State of Alabama. The consent form may be completed prior to the clinic.

Date	Time	LBW Campus	Location	Vaccine(s) Offered
Thursday, September 2, 2021	1 p.m. – 3 p.m.	MacArthur	Conference Center 1708 North Main St. Opp, AL 36467	Johnson & Johnson (1-dose vaccine) Moderna – 1 st Dose
Thursday, September 30, 2021	1 p.m. – 3 p.m.	MacArthur	Conference Center 1708 North Main St. Opp, AL 36467	Johnson & Johnson (1-dose vaccine) Moderna - 2 nd Dose (Follow-up from 09-02-2021)
Thursday, September 16, 2021	9 a.m. – 11 a.m.	Greenville	Wendell Mitchell Conference Center 750 Greenville By-Pass Greenville, AL 36037	Johnson & Johnson (1-dose vaccine) Moderna – 1 st Dose
Thursday, October 14, 2021	9 a.m. – 11 a.m.	Greenville	Wendell Mitchell Conference Center 750 Greenville By-Pass Greenville, AL 36037	Johnson & Johnson (1-dose vaccine) Moderna - 2 nd Dose (Follow-up from 09-16-2021)
Thursday, September 16, 2021	1 p.m. – 3 p.m.	Luverne Center	Rooms 106 & 107 886 Glenwood Road Luverne, AL 36049	Johnson & Johnson (1-dose vaccine) Moderna – 1 st Dose
Thursday, October 14, 2021	1 p.m. – 3 p.m.	Luverne Center	Rooms 106 & 107 886 Glenwood Road Luverne, AL 36049	Johnson & Johnson (1-dose vaccine) Moderna - 2 nd Dose (Follow-up from 09-16-2021)



MODERNA VACCINE

Alabama Department of Public Health COVID -19 Vaccine Administration Form PATIENT INFORMATION

Last Name		First Name			M.I.	Gender
Last 4 Digits of Social Security Number	Date of Birth	Age	Race	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown	Ethnicity	
					<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Street Address				Phone		
City		County		State	Zip	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No						

PARENT / LEGAL GUARDIAN INFORMATION FOR DEPENDENTS

Last Name		First Name		Relationship to Patient		
				<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		
Street Address if Different		City		State	Zip	
Phone		Emergency Contact				

INSURANCE INFORMATION

Insurance Provider: <input type="checkbox"/> United Healthcare <input type="checkbox"/> SEIB <input type="checkbox"/> PEEHIP <input type="checkbox"/> Humana <input type="checkbox"/> Medicare <input type="checkbox"/> BCBS <input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____						
Group Number _____			Effective Date of Policy _____		Insurance Policy Number, Medicaid, or Medicare Number	
Card Subscriber Name		Last	First	Subscriber Date of Birth	Relationship to Patient	
					<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	

I have read the Emergency Use Authorization (EUA) Fact Sheet or the VIS about the COVID vaccine. I understand the benefits and risks of the COVID -19 vaccine. I give permission for the above named patient to receive the vaccine indicated. I authorize billing insurance for the vaccine administration fee for the vaccine provided. I have also received notice of my privacy rights, and I have been given or offered a copy of the Alabama Department of Public Health "Notice of Privacy Practices." I understand this information is available upon request, as well as available for review at the time of vaccination.

Signature or person to receive the vaccine or authorized representative or Legal Guardian:
For children 18 years and younger a parent or legal guardian must sign this consent.

X _____ DATE _____

(FOR CLINIC USE ONLY)

Date Vaccine and EUA/VIS Given	Type and Date of VIS or EUA Fact Sheet	Clinical Site		County Code	NCES #
Vaccine Given: <input type="checkbox"/> Moderna 1st dose		Admin Code 0011A	<input type="checkbox"/> Moderna 2nd dose		<input type="checkbox"/> Admin Code 0012A
CPT code 91301					
Site Location:	Manufacturer Moderna	Lot Number	NDC # 80777-0273-99	Site of Injection LA RA RT LT	Route IM
Nurse Signature				Date	



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Last Name		First Name		M.I.	Gender
Last 4 Digits of Social Security Number	Date of Birth	Age	Race <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Street Address			Phone		
City		County		State	Zip
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PARENT / LEGAL GUARDIAN INFORMATION FOR DEPENDENTS

Last Name		First Name		Relationship to Patient <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
Street Address if Different		City		State	Zip
Phone		Emergency Contact			

INSURANCE INFORMATION

Insurance Provider: <input type="checkbox"/> United Healthcare <input type="checkbox"/> SEIB <input type="checkbox"/> FEEHIP <input type="checkbox"/> Humana <input type="checkbox"/> Medicare <input type="checkbox"/> BCBS <input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____					
Group Number		Effective Date of Policy	Insurance Policy Number, Medicaid, or Medicare Number		
Card Subscriber Name (Last, First)		Subscriber Date of Birth	Relationship to Patient <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		

I have read the Emergency Use Authorization (EUA) Fact Sheet or the VIS about the COVID vaccine. I understand the benefits and risks of the COVID -19 vaccine. I give permission for the above named patient to receive the vaccine indicated. I authorize billing insurance for the vaccine administration fee for the vaccine provided. I have also received notice of my privacy rights, and I have been given or offered a copy of the Alabama Department of Public Health "Notice of Privacy Practices." I understand this information is available upon request, as well as available for review at the time of vaccination.

Signature or person to receive the vaccine or authorized representative or Legal Guardian:

For children 18 years and younger a parent or legal guardian must sign this consent.

X _____ DATE _____

(FOR CLINIC USE ONLY)

Date Vaccine and EUA/VIS Given	Type and Date of VIS or EUA Fact Sheet	Clinical Site	County Code	NCES #	
Vaccine Given: <input type="checkbox"/> Janssen (Johnson & Johnson)		Admin Code 0031A	CPT code 91303		
Site Location:	Manufacturer Janssen	Lot Number	NDC # 59676-0580-15	Site of Injection LA RA RT LT	Route IM
Nurse Signature:				Date	