



Transplant patients are now able to be scheduled to receive Covid-19 vaccination at UMMC

- *COVID-19 vaccination is encouraged by transplant physicians*
- *This vaccination requires you to have 2 injections 21 days apart*
- *Appointment for 1st injection will be scheduled upon request by the transplant team*
 - *Supplies are limited*
 - *An appointment doesn't guarantee supplies will be available at that time*
- ***On the following page, answer all questions, fill out the form, and turn in at checkout***
 - *Please keep this appointment as vaccine distribution is uncertain at this time*

Where do I go for the injection?	JMM Adult Specialty Care Clinic Jackson Medical Mall: Suite 459 601-984-5560 – general questions 1 st floor directly across from the Health Department clinic. (Banner hanging)
When are appointments available?	Mon – Fri 8:30 -12:00 + 1:00 – 4:00
What is the type of vaccine?	Pfizer
How do I get the 1 st injection?	Fill out the form, answer all questions, and turn in when you check out of Ste H
How do I get the 2 nd injection appointment?	JMM Adult Specialty Care Vaccine clinic will schedule your 2 nd appointment It is important you do not miss this second injection
To cancel or reschedule 1st appointment	Call transplant department: 601-984-5065
For 2nd injection appointment cancel/reschedule	Call 601-815-6293 or 601-815-6271 (JMM schedulers)
Will my insurance cover the vaccine?	Currently, UMMC is not billing insurance for the vaccine and there will be no cost to the patient

Answer **YES** or **No** to the following questions to receive the COVID-19 vaccination:

1. Have you had a significant anaphylactic-like reaction to any vaccine (not including Pfizer/BioNTech COVID vaccine)? This type of reaction would have caused breathing to be difficult
YES / NO
If yes, you are advised to await further information on vaccine safety and at this time & should not receive the Pfizer/BioNTech vaccine.
2. Have you had a reaction to products of a vaccine OR any medications given as a shot, an IV, or a shot under your skin (subcutaneous)?
YES / NO
If yes, you are advised to await further information on vaccine safety and at this time & should not receive the Pfizer/BioNTech vaccine.
3. Did you receive or potentially receive monoclonal antibody or convalescent plasma for treatment or as part of routine care or a clinical trial for COVID-19 in the past 90 days?
YES / NO
If yes, we recommend you defer vaccination for 90-days from administration
4. Have you received any other vaccines 14 days prior to the schedule time for your COVID-19 vaccine?
YES / NO
If yes, we recommend you defer covid-19 vaccine to a minimum of more than 14 days after vaccines
5. Are you currently having COVID-19 symptoms, undergoing testing without signs and symptoms for COVID-19, or have any other recent medical infectious symptoms?
YES / NO
If yes, you are advised to await COVID-19 test results and clearance for return to work prior to receiving the vaccine or until any other acute medical infectious symptoms are resolved.

Please schedule me an appointment for the 1st COVID-19 vaccination. My preferred day and time is _____ . I understand I may not get this day/time and if unable to attend my appointment, I will call in advance so another patient has this opportunity.

Print Name: _____ Date: _____

Sign Name: _____ circle: Patient / Support person

Phone Number: _____

Turn this form in at check out for a covid-19 vaccination appointment for the 1st injection.