

Walgreens immunization in-store appointment

Preparation guide



Preparing for your Walgreens immunization

By partnering with Walgreens for COVID-19 vaccination administration, you're taking proactive measures to help ensure your participants and members are protected from vaccine-preventable illnesses.

This guide will help your organization prepare your participants and members.

Here's what we're doing to keep you safe:



Daily screening

We conduct **daily temperature checks** for pharmacists and staff before the start of each shift.



Safety protocols

We follow standard OSHA **safety protocols** to **prevent infection** including handwashing, changing gloves between patients and swabbing the injection site with alcohol.



Face masks

Our immunizers wear **surgical face masks**, as well as face shields, to protect both patients and our team members.

Walgreens immunization overview

1 | PREPARATION



Coordination

Identify an employee to work with your Walgreens contact on scheduling information, troubleshooting, etc.



Forms & registration

Distribute necessary forms to participants planning to get an immunization.

For select **COVID-19** clinics, you will be required to register your participants through a dedicated COVID-19 registration portal that your Walgreens contact will share with you.

2 | DAY OF



Immunization

Participants must follow health and safety guidelines to receive their immunization. Walgreens immunizers will administer the immunizations and keep record.

3 | POST-VACCINATION



Follow-up

In case of an adverse event in response to the vaccine, report it to the Vaccine Adverse Event Reporting System. Participants may receive reminders for subsequent doses if necessary.

Prepare for the appointment



Appointment scheduling tool

1. Work with your Walgreens contact to enable the **appointment scheduling tool** to assist recipients with scheduling an appointment time.
2. Once enabled, provide the appointment scheduling link to participants.
3. Participants will receive all necessary preparation information and pre-appointment forms to complete ahead of time.



Face masks & coverings

All participants **must** wear a face mask or face covering for the duration of their visit.



Forms & registration

Pre-appointment paperwork

Make the following form(s) available to all participants who intend on receiving an immunization:

Vaccine Administration Record (VAR)

- Request that all participants complete **Sections A, B, C and D** (if applicable) of this VAR form linked above ahead of the clinic.

Vaccine fact sheets and information statements

- [Pfizer-BioNTech COVID-19 Vaccine](#)
- [Moderna COVID-19 Vaccine](#)
- [Janssen COVID-19 Vaccine](#)
- [Flu Vaccine Information Statement \(VIS\)](#)

All participants who intend on getting an immunization should review the appropriate Vaccine Fact Sheet or Information Statement ahead of the clinic so that the pharmacist can address any questions or concerns they may have before the vaccine is provided.

Forms & registration detail

Participants who intend on getting an immunization should complete **Sections A, B, C and D (if applicable)** of the **Vaccine Administration Record (VAR) ahead of time.** Participants should bring this completed form, along with their ID and insurance card to the appointment.

For Section A:

Complete all information in Section A.

Optional: If participants would like Walgreens to inform their primary care provider (PCP) about the immunization(s) they received, they must provide the contact details and this information will be shared with their PCP's office.

For Section B:

All persons must answer **questions 1 through 10.*** Questions 12 through 19 should only be answered if participant is receiving one of the indicated vaccines.

For Section C:

Sign and date this form as directed.

*For COVID-19 vaccines, participants must answer question 11.



Vaccine Administration Record (VAR)—Informed Consent for Vaccination

If the patient is requesting a flu vaccination, indicate the patient's age group:
 Under age 65
 Age 65 or older

OFF-SITE CLINIC BILLING GROUP: _____

Store number: _____
 Rx number: _____
 Store address: _____

SECTION A Please print clearly.

First name: _____ Last name: _____
 Date of birth: _____ Age: _____ Gender: Female Male Phone: _____
 I wish to receive text message alerts regarding my prescriptions.

Home address: _____ City: _____
 State: _____ ZIP code: _____ Email address: _____
 Race: American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White
 Other Race _____ Unknown Unable to report due to policy/law
 Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown ethnicity Unable to report due to policy/law
Walgreens will send vaccination information from this visit to your doctor/primary care provider using the contact information provided below.
 Doctor/primary care provider name: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP code: _____

I want to receive the following vaccination(s): _____

SECTION B The following questions will help us determine your eligibility to be vaccinated today.

All vaccines

- Do you feel sick today? Yes No Don't know
- Have you been diagnosed with or tested positive for COVID-19 in the last 14 days? Yes No Don't know
- In the past 14 days have you been identified as a close contact to someone with COVID-19? Yes No Don't know
- Do you have a history of allergic reaction or allergies to latex, medications, food or vaccines (examples: polyethylene glycol, polysorbate, eggs, bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol, yeast or thimerosal)? Yes No Don't know
 If yes, please list: _____
- Have you ever had a reaction after receiving a vaccination, including fainting or feeling dizzy? Yes No Don't know
- Have you ever had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barré syndrome (a condition that causes paralysis) or other nervous system problem? Yes No Don't know
- Have you received any vaccinations or skin tests in the past eight weeks? Yes No Don't know
 If yes, please list: _____
- Have you ever received the following vaccinations?
 Pneumonia: Date received _____ Shingles: Date received _____ Whooping cough: Date received _____
- Do you have any chronic health condition such as cancer, chronic kidney disease, immunocompromised, chronic lung disease, obesity, sickle cell disease, diabetes, heart disease? Yes No Don't know
 If yes, please list: _____
- For women: Are you pregnant or considering becoming pregnant in the next month? Yes No Don't know
- For COVID-19 vaccine only:** Have you been treated with antibody therapy specifically for COVID-19 (monoclonal antibodies or convalescent plasma)? Yes No Don't know

For chickenpox, MMR² II, shingles, Vaxchora[®], yellow fever only:
Answer the following questions only if you are receiving any vaccinations listed above.

- Do you have a condition that may weaken your immune system (e.g., cancer, leukemia, lymphoma, HIV/AIDS, transplant)? Yes No Don't know
- Are you currently on home infusions, weekly injections such as Humira[®] (adalimumab), Remicade[®] (infliximab) or Enbrel[®] (etanercept), high-dose methotrexate, azathioprine or 6-mercaptopurine, antivirals, anticancer drugs or radiation treatments? Yes No Don't know
- Are you currently taking high-dose steroid therapy (prednisone > 20mg/day or equivalent) for longer than 2 weeks? Yes No Don't know
- Have you received a transfusion of blood or blood products or been given a medication called immune (gamma) globulin in the past year? Yes No Don't know
- Do you have a history of thymus disease (including myasthenia gravis, DiGeorge syndrome or thymoma), or had your thymus removed? (yellow fever only) Yes No Don't know
- Do you have a history of thrombocytopenia or thrombocytopenic purpura? (MMR only) Yes No Don't know
- Have you consumed any food or drink in the last hour? (Vaxchora[®] only) Yes No Don't know
- Have you taken antibiotics in the last 14 days or antimalarials in the last 10 days? (Vaxchora[®] only) Yes No Don't know

SECTION C

I hereby read me, as the patient and at least 18 years of age; (b) the legal guardian of the patient; or (c) a person authorized to consent on behalf of the patient where the patient is not otherwise competent or unable to consent for themselves. Further, I hereby give my consent to Walgreens or Walgreen Boots and the licensed healthcare professional administering the vaccine, as applicable (each an "Applicable Provider"), to administer the vaccine(s) I have requested herein. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the USA Fact Sheet on the vaccine(s). I have decided to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised that the patient should remain near the vaccination location for observation for approximately 15 minutes after administration. On behalf of the patient, the patient's heirs and personal representatives, I hereby release and hold harmless such applicable provider, as staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that: (a) I understand the purpose/benefits of the above vaccination registry ("State Registry") and my state's health information exchange ("State HIE"); and (b) the applicable Provider may disclose my vaccination information to the State HIE, or through the State HIE to the State Registry, or to any state or federal governmental agencies or authorities ("Government Agencies"), such as state, county, or local Departments of Health or the federal Department of Health and Human Services.

Forms & registration detail

For Section D:

This section is applicable for particular administration site options where Walgreens is billing insurance rather than direct billing. For appointments with direct bill, this section does not need to be completed.

Review the applicable vaccine information forms, which should be provided to participants ahead of their appointment, so that the pharmacist can address any questions or concerns the participant may have before the vaccine is provided.

SECTION D INSURANCE PATIENT OR AUTHORIZED PERSON TO COMPLETE									
Please ensure to record BOTH pharmacy AND medical insurance information since there are multiple ways vaccinations can be billed at Walgreens.									
	Pharmacy card	Medical card	<table border="1"> <thead> <tr> <th>Medicare</th> <th>Medicare Part B</th> </tr> </thead> <tbody> <tr> <td>Medicare number:*</td> <td></td> </tr> <tr> <td>Last 4 digits of SSN:*</td> <td></td> </tr> </tbody> </table>	Medicare	Medicare Part B	Medicare number:*		Last 4 digits of SSN:*	
Medicare	Medicare Part B								
Medicare number:*									
Last 4 digits of SSN:*									
Insurance Plan/Plan ID:			<small>*Number on the red, white and blue Medicare card. *For insurance confirmation purposes only.</small>						
Member/Recipient ID #:		N/A							
RX BIN:		N/A							
RX PCH:		N/A							
Group Number:									
COVID-19 VACCINATION ONLY If uninsured: I attest that I do not have any medical or pharmacy insurance. <input type="checkbox"/> Yes									
Are you the cardholder? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If no, please provide cardholder's name, date of birth (MM/DD/YYYY) and relationship: _____									
		Drivers license/State ID number [†] (circle one) _____ Issuing state: _____ <small>†For verification and coverage. Initial here: _____</small>							
Healthcare provider only: Individual refused to provide insurance information when I attempted to obtain the insurance information from the individual. <input type="checkbox"/> Yes									

Voucher (direct bill only)

The voucher only applies to **direct bill in-store appointment offerings**. The voucher is not applicable for insurance billing.

Vouchers are used for billing purposes to differentiate employees with in-store appointments from the general population.

- The voucher is valid for one COVID-19 vaccination (single dose or two-dose series depending on vaccine product availability).
- Your Walgreens point of contact will provide you with a voucher that has your employer's Group ID on it.
- You must distribute this voucher to participants, and **participants must bring the voucher in digital or paper format** to their in-store appointment(s).



Dear [include company name and employee group designation],

Walgreens is pleased to provide you with your COVID-19 vaccination. Please follow the instructions provided by your organization to schedule your vaccine appointment(s) at a Walgreens in your area.

This COVID-19 voucher is valid only for the recipient. To receive a vaccine, please bring the following documents:

- Photo ID
- A copy of this form

We are honored to be your COVID-19 vaccination provider and look forward to seeing you soon.

Sincerely,
Walgreens

SAMPLE

This voucher entitles you to...

COVID-19 vaccine at Walgreens*

Information below must be completed prior to your vaccination.

Name: _____
 Date of birth: _____ Home ZIP code: _____
 Group #: _____ Expiration Date: **12/31/2021**
 Plan ID: COVIDIMZ Recipient #: 8-digit patient DOB, 5-digit patient zip code, 5-digit store#

To learn more about the COVID-19 vaccine, visit Walgreens.com/COVID19vaccine

Vaccine
 COVID-19 Vaccine
 Single dose or two-dose series depending on vaccine product availability.

*This form entitles bearer to one COVID-19 vaccination as indicated at all participating Walgreens retail pharmacy or Duane Reade pharmacy. This form may only be used once for single dose vaccine or twice for a two dose vaccine series. It may not be copied, duplicated or transferred. Vaccines are subject to availability and may require an appointment. Patient eligibility to receive this vaccine is determined by state and local jurisdictions. It is not intended for any patient not currently eligible as determined by these requirements.

Immunization appointment overview



Participants will NOT be vaccinated if:

- They are feeling sick, have a fever or are exhibiting any respiratory symptoms.
- Have been diagnosed with COVID-19 within the last 2 weeks.



Face mask

Participants must wear a face mask or face covering for the duration of their visit.



Efficient immunization

Participants should wear clothing that allows the immunizer to easily access the shoulder area for a more efficient immunization process (i.e. t-shirt and/or easy to remove layers).

Observation: Vaccine recipients will be asked to wait for **~15-30** minutes post-administration.



Social distancing

When waiting for their immunization, participants will need to practice appropriate social distancing guidelines, maintaining at least a 6 ft. distance from others.



Temperature check

The pharmacist will take their temperature using the touch-free digital thermometer. Immunization should be deferred if they are sick or have a fever.



Forms & record cards

Bring the **completed** VAR form, along with an **ID** to the clinic. Bring the **Voucher** as well (if applicable).

When applicable, a Walgreens team member will fill out an **immunization record card** for each recipient of the vaccine; it is important to keep this record and bring it to subsequent appointments, as needed.

Follow-up

Monitor for adverse events

If there is an adverse event (side effect) in response to the vaccine by any recipient, it is recommended that it is reported to the **VAERS**.

VAERS is co-managed by the CDC and FDA.

Anyone can report an adverse event to VAERS, although Walgreens is happy to assist. Simply call your Walgreens point of contact.

Return for second dose, if necessary

In the case of multiple-dose vaccines, patients will be reminded to follow-up to get subsequent doses administered.

Reporting

When required, Walgreens will report the record of all vaccinations to your State Immunization Registry and the Centers for Disease Control and Prevention (CDC).



More questions about our employer vaccination program?

Reach out to your sales account manager or Walgreens contact with any questions.

