

October 15, 2021

Communiqué

COVID-19 Pfizer Vaccine Booster Clinics

Willow Valley Communities will be offering **Pfizer vaccine** booster shot clinics at the end of October. If you recently received your flu vaccine, you are still able to get your COVID-19 boost shot. According to the CDC Guidelines, these individuals are eligible for a booster vaccine:

- People 65 years and older and residents in long-term care settings **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series
- People aged 50–64 years with underlying medical conditions **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series
- People aged 18–49 years with underlying medical conditions **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks
- People aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks

We do anticipate offering Moderna & J&J when boosters are approved, though we are not ready to release that information in this Communiqué.

Please note: At this time, a general booster dose is not approved or recommended for the Moderna and Janssen (J&J) vaccine.

Severely immunocompromised individuals may receive a 3rd dose of an mRNA vaccine 28 days after their second dose of either Pfizer or Moderna. It is recommended that you accept a booster dose of the same vaccine as your original series.

LAKES COVID-19 BOOSTER CLINICS:

Date	Time	Location	Building
Tuesday, October 19	8:00 AM- 12 Noon	Lakes Auditorium	A, B, C Building
Tuesday, October 19	12:30 PM- 4:30 PM	Lakes Auditorium	Midrise & Villas

Date	Time	Location	Building
Wednesday, October 20	8:00 AM- 12 Noon	Lakes Auditorium	D, E, F Building
Wednesday, October 20	12:30 PM- 4:30 PM	Lakes Auditorium	Gables & Team Members

(over please)

SPRING RUN COVID-19 BOOSTER CLINICS:

Date	Time	Location	Building
Thursday, October 21	8:00 AM- 12 Noon	Spring Run Auditorium	H & I Building and SouthPointe
Thursday, October 21	12:30 PM- 4:30pm	Spring Run Auditorium	Team Members

Date	Time	Location	Building
Friday, October 22	8:00 AM- 12 Noon	Spring Run Auditorium	J & K Building
Friday, October 22	12:30 PM- 4:30 PM	Spring Run Auditorium	SouthPointe Villas

NORTH COVID-19 BOOSTER CLINICS:

Date	Time	Location	Building
Tuesday, October 26	8:00 AM- 12 Noon	North Auditorium	F, G, H & I Building
Tuesday, October 26	12:30 PM- 4:30 PM	North Auditorium	Garden Apartments & Team Members

Date	Time	Location	Building
Wednesday, October 27	8:00 AM- 12 Noon	North Auditorium	J Building & Team Members
Wednesday, October 27	12:30 PM- 4:30 PM	North Auditorium	K, L, M, N Building

MANOR COVID-19 BOOSTER CLINICS:

Date	Time	Location	Building
Thursday, October 28	8:00 AM- 12 Noon	Manor Auditorium	A & D Building; Providence Park
Thursday, October 28	12:30 PM- 4:30 PM	Manor Auditorium	SmartLife & Team Members

Date	Time	Location	Building
Friday, October 29	8:00 AM- 12 Noon	Manor Auditorium	B, C, E Building
Friday, October 29	12:30 PM- 4:30 PM	Manor Auditorium	Vistas & Team Members

To help mitigate risks to Residents, the following COVID-19 safety procedures will be in place this year during the clinics:

- All individuals will wear a face mask
- A specific traffic flow for entering and exiting the auditorium will be indicated
- Social distancing will be maintained via furniture placement and floor signage
- Adherence to the outlined booster clinic schedules (in contrast to years past, please attend your building's scheduled clinic vs. going to another building's clinic)
- Use of hand sanitizer as you enter the clinics is mandatory

*Attached is a Resident COVID-19 consent form. Please complete one form per person prior to arriving at the clinic and bring it with you. Additional forms are available in the Residential Nursing Office. **PLEASE BRING YOUR VACCINE CARD WITH YOU TO THE CLINIC (if you cannot find your card, you can still attend the clinic).***

Denny — Dennis W. Griest, President & CFO

COVID-19 VACCINE CONSENT FORM

Covid Vaccine Intake Information

Name: _____

Address: _____

Sex: ☐ Male ☐ Female

Birth date: ____/____/____

Temp: _____

Race: ☐ Asian ☐ Black ☐ Native American ☐ Pacific Islander ☐ White ☐ Other Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Type: ☐ Resident ☐ Healthcare Employee ☐ Volunteer ☐ Other: _____

The following questions will help determine if there is any reason you should not receive a COVID immunization injection.

*Answering "yes" to any question does not prevent you from being vaccinated. It means additional questions will be asked.
If a question is not clear, please ask a healthcare provider to explain.*

Has the person to be vaccinated ever received a COVID-19 vaccine? ☐ No ☐ Yes

If Yes, Circle One: Janssen Pfizer Moderna How many doses: _____

Does the person to be vaccinated have an allergy to any medications, food, vaccine, or latex? ☐ No ☐ Yes

List all allergies: _____

Has the person to be vaccinated ever had a severe reaction to any vaccine or injectable therapy? ☐ No ☐ Yes

Does the person to be vaccinated have a bleeding disorder or are they taking a blood thinner? ☐ No ☐ Yes

Has the person to be vaccinated received any other vaccines in the past 14 days? ☐ No ☐ Yes

Has the person to be vaccinated received passive antibody therapy as treatment for COVID-19? ☐ No ☐ Yes

I have read, or have had explained to me, the Emergency Use Authorization (EUA) or Vaccine Information Sheet (VIS) for the COVID-19 vaccine I am receiving. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

I HAVE BEEN ADVISED TO WAIT FOR 15-30 MINUTES OF OBSERVATION AFTER RECEIVING MY VACCINE BEFORE LEAVING.

Print Name, if different from patient: _____ Relationship: _____

Patient/POA Signature: _____ Date: _____

FOR CLINIC USE ONLY

Clinic site: _____ EUA/VIS Fact Sheet Provided: Yes No

Date vaccine administered: ____/____/____ Vaccine manufacturer: _____

Dose #: _____ Lot number: _____

Site of IM injection: RDT or LDT Dose: 0.3ml 0.5ml

Signature and title of vaccine administrator: _____

PHOEBE  PHARMACY

