



COVID-19 Vaccination Clinic

Students, family members and colleagues of Notre Dame Academy are invited to receive the Pfizer COVID-19 vaccine in collaboration with Prevea Health. You do not need to be a Prevea patient to receive a COVID-19 vaccine from us.

The COVID-19 Vaccination Clinic with Prevea Health for Notre Dame Academy is located: 610 Maryhill Dr. Green Bay

First dose of Pfizer

Tuesday, June 1
Noon to 7 p.m.
Commons area

Second dose of Pfizer

Wednesday, June 22
Noon to 7 p.m.
Commons area

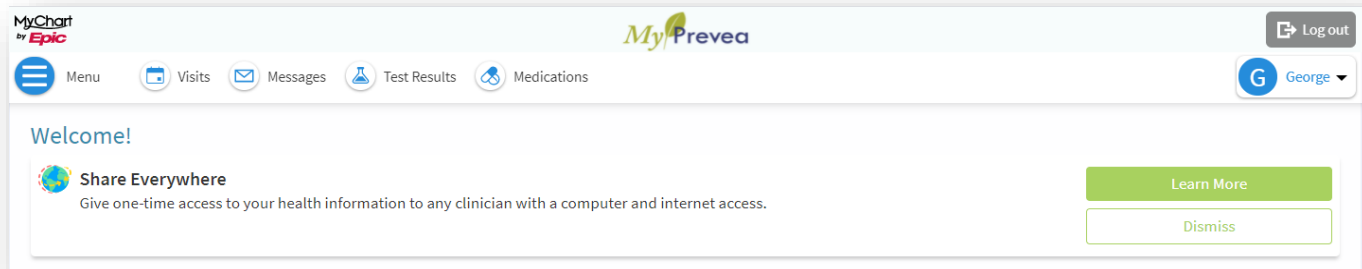
**To secure your vaccine, appointments are recommended.
Limited walk-ins will be available.
Please bring your insurance card.**

IMPORTANT: Students who are 14 to 17 years of age are required to have parent/guardian consent to receive vaccination. In the event that a parent/guardian cannot be present, a consent form **must** be completed and handed in at clinic.

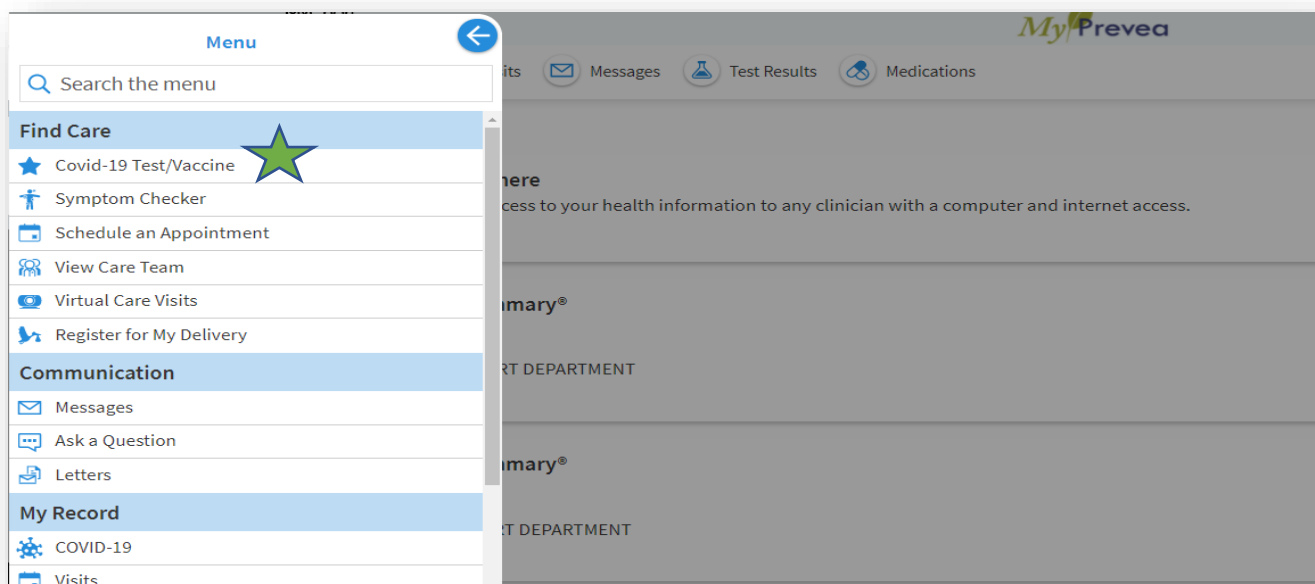
To schedule an appointment, visit: www.myprevea.com or call 1-833-344-4373.

Para programar su vacuna de COVID-19, llame al (920) 857-3131.

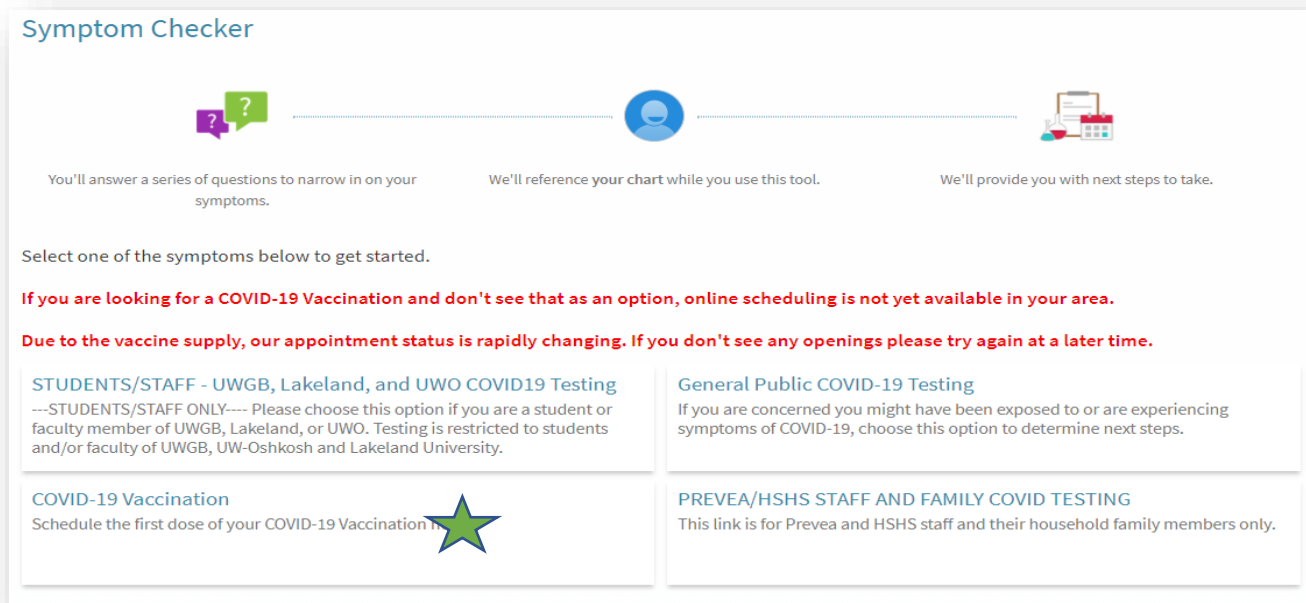
Once you have created your MyPrevea account, log in to your account to schedule your vaccine:



Under the **Menu** tab, select **Covid-19 Test/Vaccine**:



Select **Covid-19 Vaccination**:



You'll be prompted to accept the terms and conditions and then asked a series of questions:

- Do you wish to get vaccinated in Illinois or Wisconsin? (Select Wisconsin)
 - Have you ever had a severe allergic reaction to any vaccine, or other injectable/intravenous medication?
 - Have you had a severe allergic reaction to any component of the Pfizer-BioNTech, Moderna, or Janssen (commonly known as Johnson & Johnson) COVID-19 Vaccine?
 - Have you received a plasma infusion or monoclonal antibody infusion in the last 90 days?
- **Have you received instructions from your employer, community group, or educational facility to schedule your vaccine? SELECT YES**

Select your employer, organization, or educational institution that your onsite clinic is being held at:

Symptom Checker
Here's what we recommend for you.
You can review this information the next time you return to the symptom checker.

Schedule COVID-19 Vaccine
 Please ensure you select the correct clinic location on next screen.
Please allow 15 to 30 minutes after your vaccination for monitoring prior to leaving the clinic.
Please bring your schedule with you to your appointment. Vaccine distribution at the sites may vary and you may be required to schedule a second dose appointment for 21 or 28 days after your first vaccination.
*Due to the sensitivity of the vaccine and workflow needed; please arrive on time for your vaccine. You may be denied your vaccine if arriving late.
[Show all](#) ▼

Who do you want to see?

Any provider
Schedule with any available provider.

CP CENTER COVID VACCINE

CURATIVE CONNECTIONS COVID VACCINE

Select an available appointment:

Schedule COVID-19 Vaccine
 Please ensure you select the correct clinic location on next screen.
Please allow 15 to 30 minutes after your vaccination for monitoring prior to leaving the clinic.
Please bring your schedule with you to your appointment. Vaccine distribution at the sites may vary and you may be required to schedule a second dose appointment for 21 or 28 days after your first vaccination.
*Due to the sensitivity of the vaccine and workflow needed; please arrive on time for your vaccine. You may be denied your vaccine if arriving late.
[Show all](#) ▼

What time works for you?

Start search on
05/10/2021

Times
[All available times](#)
[Filter times](#)


Monday May 17, 2021


7:10 AM	7:20 AM	7:30 AM	7:40 AM	7:50 AM
8:00 AM	8:10 AM	8:20 AM	8:30 AM	8:40 AM
8:50 AM	9:00 AM	9:10 AM	9:20 AM	9:30 AM
9:40 AM	9:50 AM	10:00 AM	10:10 AM	10:20 AM

Review your appointment date and time, and then confirm your appointment:

You're almost done...
Click the Schedule button if everything looks correct.

**COVID-19 Vaccine with CP
CENTER COVID VACCINE**

 Monday May 17, 2021
7:10 AM (10 minutes)

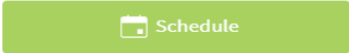

 Prevea Green Bay Area Mobile
Immunization
920-496-4700

***YOUR APPOINTMENT IS NOT CONFIRMED YET. TO COMPLETE YOU MUST
CLICK THE 'SCHEDULE' OR 'SEND REQUEST' BUTTON BELOW**

What is the main reason for your visit?
(for any specific questions, please contact your provider's office)

Visit Instructions
You will need to wait 15 to 30 minutes after your vaccination for observation.

If you are new to Prevea, please bring a copy of your insurance card.



If you are interested in receiving a different brand of vaccine at another location, more information can be found at: prevea.com/vaccine

About your appointment:

What should I bring?

- Face mask
- Your insurance card, if applicable and you are new to Prevea
- The vaccinator will need access to your upper arm to perform your vaccine; please dress with that in mind

What happens during a vaccination appointment?

- To ensure your information is correct, please complete [e-check in](#) before arriving.
- It is recommended to not take Tylenol or ibuprofen prior to your immunization appointment, if possible.
- Your vaccinator will provide you with a vaccination card which includes the following details: the COVID-19 vaccine you received, the date you received it and where you received it.
- Please take a picture of this card for safekeeping, we are unable to issue replacement cards. Your immunization record will be electronically in your medical record-available through your MyPrevea account or through the Wisconsin Immunization Registry.
- You can receive a fact sheet that contains specific information about the vaccine you received to understand the risks and benefits of that particular vaccine.
- After you are vaccinated, you are required to wait at least 15 minutes before leaving. During this time, it's encouraged patients sign up for [v-safe](#), a free tool that provides personalized health check-ins after you are vaccinated.

What to expect after getting the vaccine?

- The COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. To access additional information, please visit <https://www.prevea.com/For-Patients>



Patient label

COVID 19 Vaccination Consent for Minors (16-17 years old)

PATIENT'S NAME _____ (please print)

Date of Birth: _____

The purpose of the COVID-19 virus vaccine is to reduce the likelihood of contracting COVID-19. While the FDA has not approved and continues to evaluate its safety and effectiveness, the FDA has authorized the emergency use of it to prevent COVID 19.

The Pfizer COVID 19 vaccine is a series of two (2) injections. The vaccinations must be spaced apart based on manufacture and FDA guidelines. Please ensure that the above-named patient can complete the series before consenting to this vaccine administration.

All vaccines have risks. Possible side effects of the COVID 19 vaccine, while generally inconsequential, can include:

1. Pain, redness or swelling around the vaccination site.
2. Fever, malaise, headache, fatigue, chills joint pain and muscular aches. There is a remote risk of a severe allergic reaction.
3. There may be risks that are not yet known. The FDA continues to evaluate the vaccine and the known side effects are limited based on current data. Additional side effects may become known as the vaccine is used more widely.

Attached is a Fact Sheet from Pfizer. Please read the attached Fact Sheet completely and carefully.

Individuals who are currently ill and/or have a fever should not be vaccinated until symptoms have subsided.

CONSENT

I, the parent or legal guardian of the patient, hereby consent to the administration of two injections of the Pfizer COVID-19 virus vaccine for the above-named patient. I have read the above statements pertaining to the Pfizer COVID-19 virus vaccine and the attached Fact Sheet. I have been advised of and understand the risks, side effects, benefits and alternatives to the above-named patient receiving the vaccine. I understand that there may be risks that are not yet known and other remote risks. I understand the conditions under which the vaccine should not be administered and am unaware of the presence of any of these conditions in the above-named patient. I have been advised and understand the vaccine is a series of two injections and I intend for the above-named patient to complete the series of injections. **I understand that I am voluntarily consenting to the above-named patient to receive the vaccine and that I have the option to accept or refuse the COVID-19 vaccine at any time, for any reason. I understand that the above-named patient will not realize the benefit of the vaccine if I refuse or decline to have the above-named patient receive the second injection.**

I understand that Prevea may contact me to confirm my consent in Prevea's discretion, to obtain additional information that Prevea may need pertaining to the above-named patient, or otherwise as necessary in the event of an emergency. I further understand that Prevea may decline to provide the vaccination if the requested Contact information is not provided below.

Signature:

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Legal Guardian

Parent or Legal Guardian (circle one)

Contact Information:

Cell Phone: _____

Home Phone: _____

Office Phone: _____