



A Publication of Central Oklahoma Classic Chevy Club January 2021

**JANUARY MEETING.** January club meeting will be held January 10 at 3 PM at the Johnnie's in Edmond, 33 East 33rd. Their community room is extra large and provides for social distancing for the attendees.

### **CENTRAL OKLAHOMA CLASSIC CHEVY CLUB—Minutes**

President Dale Kosa called the November 8, 2020 meeting to order at 3:00 pm at Johnnie's in Edmond. Joe McIninch: birthday. Rodney and Martha Duerksen had an anniversary, 40 yrs.

**Minutes** from the Oct meeting printed in the DashBoard. Motion was made and seconded that we accept them as corrected - for date of Christmas party is the 12<sup>th</sup> of Dec. Motion passed.

**Treasurer's** report was read by Adeline Yerkes in absence of Teresa Linn, Treas.

**NEW BUSINESS:** Club calendars, 80 printed. Recommend each family gets one free calendar. Would pay \$5.00 for each additional. Rodney made motion that each additional calendar would cost \$5.00. Discussion. Rodney withdrew motion. Joe made motion, Donna seconded "calendars be distributed to members present and roster kept for those distributed, pay \$5.00 for each additional." Motion passed. Motion by Mike, Bob Donaldson's work on the calendars should be reimbursed. Motion tabled until next meeting.

**CHRISTMAS PARTY:** Joe and Donna will host party Dec 12, 1:00pm. \$15 gift man or women. Meat is being provided by specific members and others bring side dishes. Some CHEVY EMBLEMS will need to be worn or driven to future meetings. Enforcement will start.

**LADIES CHOICE** went to Rodney Duerksen

Fall Foliage trip: for those who could not go. About 9 people traveled on Fri. had lunch in Claremore. Total attendance 48 people. Had good tree colors. Visited Rt 66 Museum. Next years Fall Foliage is Tulsa's turn. Terry and Kay Simpson are in charge. No location yet.

**PROGRESS REPORT** on Linda Mertens by Gary. She is getting her last treatment and her hair is coming back.

**MOTION** to adjourn 4:00pm

Submitted by Secretary Martha Duerksen

## Central Oklahoma Classic Car Club Officers

**President: Dale Kosa**

**Secretary: Martha Duerksen**

**1st Vice President: Mike Yerkes**

**Treasurer: Teresa Linn**

**2nd Vice-Presidents: Rustyne Harris and Adeline Yerkes**



I pledge allegiance to the flag of the United States of America, and to the republic for which it stands, one nation, under God, indivisible with liberty and justice for all.



Central OK Classic Chevy Club  
Adeline Yerkes, Editor

<https://www.55-57chevys.com/>

## Information Related to obtaining COVID 19 Immunization

If you live in Oklahoma County – this is the website for the Health Department

[OKC-County Health Department : COVID Vaccine \(occhd.org\)](https://occhd.org)

To sign up for an appointment you must register on-line and us Facebook, or some other form of social media

[\(1\) OKC-County Health Department | Facebook](#)

[OCCHD: Vaccination Clinic for 65+ \(signupgenius.com\)](https://signupgenius.com)

All appointments are taken for the January 7<sup>th</sup> clinic

If you live in Logan County – this is the website information

Sign up for the immunization –

[Over 65/Healthcare/First Responders: Guthrie January 7th, 2021 Vaccination POD \(signupgenius.com\)](https://signupgenius.com)

All appointment are taken for January 7<sup>th</sup> clinic

If you live in Cleveland County – this is the website information

[\(1\) Cleveland County Health Department | Facebook](#)

I have attached the Consent form and the Registration form for your use.

# Pre-Vaccination Checklist for COVID-19 Vaccines



For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.

**If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient Name \_\_\_\_\_

Age \_\_\_\_\_

	Yes	No	Don't know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
• If yes, which vaccine product? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product _____			
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?			
• Was the severe allergic reaction after receiving a COVID-19 vaccine?			
• Was the severe allergic reaction after receiving another vaccine or another injectable medication?			
4. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
5. Have you received another vaccine in the last 14 days?			
6. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
7. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
8. Do you have a bleeding disorder or are you taking a blood thinner?			
9. Are you pregnant or breastfeeding?			

Form reviewed by \_\_\_\_\_

Date \_\_\_\_\_



# Pre-Vaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals



For additional information on COVID-19 vaccine clinical guidance, see: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

For additional information on ACIP general recommendations, see: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>.

**Two COVID-19 vaccines are currently authorized for use in the United States. These vaccines are authorized for use among different age populations.**

PRODUCT	AUTHORIZED AGE GROUPS
Pfizer-BioNTech COVID-19 Vaccine	16 years of age and older
Moderna COVID-19 Vaccine	18 years of age and older

Anyone outside of the authorized age groups for a product should not receive the vaccine.

## Are you feeling sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. **Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination.** Do not withhold vaccination if a person is taking antibiotics.

**Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation.** This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose.

## Have you ever received a dose of COVID-19 vaccine?

COVID-19 vaccines are **NOT** interchangeable. Currently authorized COVID-19 vaccines require two doses. Both doses of the series should be completed with the same product. Product dosing schedules vary.

Check medical records, immunization information systems, and vaccination record cards to help determine the initial product received. Those who received a trial vaccine should consult with the trial sponsors to determine if it is feasible to receive additional doses.

PRODUCT	DOSING SCHEDULE Between doses 1 and 2
Pfizer-BioNTech COVID-19 Vaccine	21 days
Moderna COVID-19 Vaccine	28 days

**The second dose should be administered as close to the recommended interval as possible. The vaccine can be given up to four days in advance of the recommended interval if a patient presents early and you are concerned they will not return at the appropriate interval for vaccination. However, there is no maximum interval between the first and second dose for either vaccine. The series does not need to be restarted.**

# Pre-Vaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals



## COVID-19 Vaccine Components

Description	Pfizer-BioNTech COVID-19 vaccine	Moderna COVID-19 vaccine
<b>mRNA</b>	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
<b>Lipids</b>	2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide	Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl) bis(2-hexyldecanoate)	SM-102 (Proprietary to Moderna)
<b>Salts, sugars, buffers</b>	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	Sucrose

## Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?

Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine. HOWEVER, individuals who have had severe allergic reactions to something, regardless of cause, **should be observed for 30 minutes after vaccination**. All other persons should be observed for 15 minutes.

## Was the severe allergic reaction after receiving a COVID-19 vaccine?

**History of severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the COVID-19 vaccine product being offered is a contraindication** to any current COVID-19 vaccine. Ask questions about previous severe reactions that might indicate an allergy to a vaccine component. For example, PEG may have been a component of medication for a colonoscopy.

## Was the severe allergic reaction after receiving another vaccine or another injectable medication?

History of severe allergic reaction (e.g., anaphylaxis) to another vaccine or a component of another vaccine OR anaphylactic reaction to any other injectable medication is a **precaution to currently authorized COVID-19 vaccine**. Vaccine may be given, but counsel patients about unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination. These individuals should be observed for 30 minutes after vaccination. A history of mild allergic reaction to a vaccine or injectable therapy is not a precaution to vaccination.

Healthcare professionals should be familiar with identifying immediate-type allergic reactions, including anaphylaxis, and be competent in treating these events at the time of vaccine administration. Appropriate medical treatment for severe allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of a COVID-19 vaccine.

See [Management of Anaphylaxis at COVID-19 Vaccination Sites](#) | CDC for additional guidance.

## Have you received passive antibody therapy as treatment for COVID-19?

Based on the estimated half-life of monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, **vaccination should be deferred for at least 90 days**, as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses.

# Pre-Vaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals



## Clinical Consideration Questions

Responses to these questions are not (on their own) contraindications or precautions to vaccination. However, healthcare professionals should be prepared to discuss information and options with patients based on their responses to the following questions.

### **Have you received another vaccine in the last 14 days?**

COVID-19 vaccine series should be administered alone, with a minimum interval of 14 days before or after administration with other vaccines. This recommendation is based on the lack of data on the safety and efficacy of mRNA COVID-19 vaccines administered simultaneously with other vaccines.

### **Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?**

Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Vaccination of persons with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation.

Persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired, because current evidence suggests reinfection is uncommon during this time.

Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection solely for the purposes of vaccine decision-making is not recommended.

### **Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?**

Persons with HIV infection or other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19. mRNA COVID-19 vaccines may be administered to persons with underlying medical conditions who have no contraindications to vaccination. However, they should be counseled about the unknown vaccine safety profile and effectiveness in immunocompromised populations, as well as the potential for reduced immune responses and the need to continue to follow all current guidance to protect themselves against COVID-19, including wearing a mask, social distancing, and washing hands frequently.

### **Do you have a bleeding disorder or are you taking a blood thinner?**

COVID-19 vaccine may be given to these patients, if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

### **Are you pregnant or breastfeeding?**

If pregnant people are part of a group that is recommended to receive a COVID-19 vaccine (e.g., healthcare personnel), they may choose to be vaccinated. For pregnant people seeking guidance in making a decision, pregnant people and their healthcare providers should consider the level of COVID-19 community transmission, the patient's personal risk of contracting COVID-19, the risks of COVID-19 to the patient and potential risks to the fetus, the efficacy of the vaccine, the side effects of the vaccine, and the lack of data about the vaccine during pregnancy.

A lactating person who is part of a group recommended to receive a COVID-19 vaccine (e.g., healthcare personnel) may choose to be vaccinated. There are no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA COVID-19 vaccines on the breastfed infant or milk production/excretion.



Clinic: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**COVID-19 Vaccination Form** Please complete each field below with the information that applies to the client receiving services today.

CLIENT INFORMATION									
Name (Last, First, MI)					Suffix (eg., Jr, III)		Date of Birth		Age†
Street Address				City		State	Zip	County	
Phone Number ( )		<input type="checkbox"/> Cell <input type="checkbox"/> Home	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown		
If the client is under 18 years of age, please complete guardian information.									
Guardian relationship to client: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other				Guardian Name (Last, First) _____					
CONSENT FOR SERVICE									
<p>I, the undersigned, give my consent for the services that I am requesting from the Oklahoma State Department of Health (OSDH) and its entities/contractors. I understand that:</p> <ul style="list-style-type: none"> <li>-- the risks and benefits for these services will be explained to me and that I will have the opportunity to ask questions.</li> <li>-- the information regarding myself and the services I receive will be entered into OSDH management information systems and may be used for program evaluation, management, and billing purposes.</li> <li>-- I may refuse service at any time.</li> </ul> <p>I acknowledge that I have received a copy of the Oklahoma State Department of Health Privacy Statement as required by the Health Information Portability and Accountability Act (HIPAA). I can also find a copy on the agency website. I also acknowledge that I received the manufacturer-specific Fact Sheet for Recipients and Caregivers prior to receiving the vaccine.</p> <p>Client/Guardian Signature: _____ Date: _____</p>									

†Client must be aged 16 years or older to receive the vaccine.

\*\*\*\*FOR OSDH USE ONLY\*\*\*\*

Client Name (Last, First, MI) \_\_\_\_\_ Client DOB (MM/DD/YYYY) \_\_\_\_\_

OFFICE USE ONLY – DO NOT WRITE BELOW			
Client completed the manufacturer's screening questions: <input type="checkbox"/> Y <input type="checkbox"/> N			
Vaccine Manufacturer:	Site: <input type="checkbox"/> LT DELTOID IM <input type="checkbox"/> RT DELTOID IM <input type="checkbox"/> LT VAST LAT IM <input type="checkbox"/> RT VAST LAT IM	EUA*/VIS given? <input type="checkbox"/> Y <input type="checkbox"/> N	Dose Number: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>
Lot #:		Reaction? <input type="checkbox"/> Y <input type="checkbox"/> N	
Exp. Date:			
Vaccination Complete? <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Not administered <input type="checkbox"/> Partially administered <input type="checkbox"/> No recorded completion status			
Provider Signature:			

\*EAU = Emergency Use Agreement

Progress Note: \_\_\_\_\_  
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