



# General Steamship Corporation, LTD.®

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## COVID-19 VACCINE INFORMATION FOR VESSELS CALLING CORPUS CHRISTI, TEXAS

As of May 27, 2021:

As of now the Seamen's Center is offering the Johnson & Johnson free of charge for whoever fills out the attached screening questions. The vaccinations are done at the bottom of the gangway. Once the vaccinations are done the crew member must wait fifteen minutes before returning to the vessel.

Please contact Rudy Gracia at our Corpus Christi office for additional information:

**MR. Rodolfo Gracia, Jr.**

**GENERAL STEAMSHIP CORP., LTD.**



**AS AGENTS ONLY**

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# COVID-19 VACCINATION SCREENING QUESTIONS

Instructions: Fill out the following questionnaire as clearly as possible. Fill out one form per one person.

DATE: \_\_\_\_\_ CURRENT TIME: \_\_\_\_\_

VACCINE DOSE:  FIRST  SECOND

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Please initial): \_\_\_\_\_ I AM 18 YEARS OF AGE AND OLDER BIRTHDATE: \_\_\_\_\_

SEX: M or F RACE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING ANSWERS**

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are you currently pregnant or breastfeeding?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you received convalescent plasma in the past 3 months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you received monoclonal antibodies in the past 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been diagnosed with COVID-19 in the past?            | <input type="checkbox"/> | <input type="checkbox"/> |

o **When:**

5. 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?	<input type="checkbox"/>	<input type="checkbox"/>
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6. Did you have a severe allergic reaction after receiving a COVID-19 Vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have not yet received the Vaccine

7. Have you received any other vaccinations in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
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8. Have you ever had a severe allergic reaction after receiving another vaccine or another injectable Medication	<input type="checkbox"/>	<input type="checkbox"/>
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9. Vaccine Arm:    
LEFT RIGHT

ADMIN NURSE: \_\_\_\_\_

Moderna   
Pfizer   
Janssen



**Public Health**  
Prevent. Promote. Protect.