



General Steamship Corporation, LTD.®

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COVID-19 VACCINE INFORMATION FOR VESSELS CALLING LOS ANGELES / LONG BEACH, CA

AS OF MAY 27, 2021

Please be advised that the Long Beach Health Department has set up a mobile team to go to ships and vaccinate seafarers onboard with the one dose Jonson & Johnson vaccine.

There is a scheduler form that can be filled out here: <https://forms.gle/ggKRsoK4M345neby9>

Also each ship should fill out one form per seafarer prior to the scheduled boarding time for the vaccines with the below document.

This is a free program from the Health department and will be available for the foreseeable future here in our ports.

There is also a website for all covid vaccine programs nationally at NAMMA.org
You can scroll to the port where your ship is due to see what system is set up.

Please contact Jorge Viteri in our Los Angeles office for additional information:

Jorge L. Viteri

General Steamship Corp., As Agents

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First Name: _____ **Last Name:** _____ **Email:** _____

Phone: _____ **Date of Birth:** _____ **Gender:** M F Other: _____

Occupation: _____ **Mother's First Name:** _____ **Zipcode:** _____

Ethnicity:

- Argentinian
- Colombian
- Costa Rican
- Cuban
- Guatemalan
- Honduran
- Mexican, Mexican American, Chicano
- Nicaraguan
- Panamanian
- Peruvian
- Puerto Rican
- Salvadorian
- Other South American
- Other
- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to state

Race:

- American Indian or Alaska Native
- Asian Indian
- Bangladeshi
- Black or African American
- Cambodian
- Chamorro
- Chinese
- Fijian
- Filipino
- Guamanian
- Hawaiian
- Hmong
- Indonesian
- Japanese
- Korean

- Laotian
- Malaysian
- Marshallese
- Pakistani
- Samoan
- Sri Lankan
- Taiwanese
- Thai
- Tongan
- Vietnamese
- White
- Other Asian
- Other Asian
- Other Pacific Islander
- Other race
- Prefer not to state

I have read or have had explained to me the information in the Vaccine Information Statement about the COVID-19 vaccine(s) and ask that the vaccine(s) be given to me or the person named below for whom I am authorized to make this request. Vaccine information will be entered into the CAIR II Immunization Registry unless individuals specifically request to opt-out.

Signature: _____ **Date:** _____

Pre-vaccination Checklist for COVID-19 Vaccines

1. Do you have health coverage? (Not required) _____ Yes No
2. Have you previously received a COVID-19 vaccine? If yes, please indicate: _____ Moderna Pfizer Janssen
3. Is this your first or second COVID-19 vaccine? _____ 1st 2nd
4. Are you feeling sick today? _____ Yes No
5. Have you ever had an allergic reaction to (1) component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures, (2) Polysorbate, (3) a previous dose of COVID-19 vaccine (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.) _____ Yes No
6. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? _____ Yes No
7. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of the COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies. _____ Yes No

Pre-vaccination Checklist for COVID-19 Vaccines (continued)

8. Have you received any vaccine in the last 14 days? _____ Yes No
9. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? If yes, on what date did you receive the diagnosis? ___/___/____ (MM/DD/YYYY) _____ Yes No
10. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? If yes, on what date did you receive this therapy? ___/___/____ (MM/DD/YYYY) _____ Yes No
11. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies? _____ Yes No
12. Do you have a bleeding disorder or are you taking a blood thinner? _____ Yes No
13. Are you pregnant or breastfeeding? _____ Yes No
14. Are you experiencing homelessness? _____ Yes No
15. Do you currently have any of the following conditions that put you at the highest risk for extreme complications from COVID-19? Cancer, current with debilitated or immunocompromised state | Chronic kidney disease, stage 4 or above | Chronic pulmonary disease, oxygen dependent | Down syndrome | Immunocompromised state from solid organ transplant | Pregnancy | Sickle cell disease | Heart conditions, excluding hypertension | Severe obesity with a Body Mass Index >=40 kg/m2 | Type 2 diabetes melitus with hemoglobin A1c level greater than 7.5% _____ Yes No
16. Do you currently have a physical or mental disability that is so severe and high-risk that one of the following applies: _____ Yes No
- a. A COVID-19 infection is likely to result in severe, life-threatening illness or death; OR
 - b. Acquiring COVID-19 will limit your ability to receive ongoing care or services vital to your well-being and survival; OR
 - c. Providing adequate and timely COVID-19 care will be particularly challenging as a result of your disability?

STOP - DO NOT WRITE BELOW THIS LINE -Vaccinator only

<u>Vaccine Given</u>		
<input type="checkbox"/> mRNA-1273 by Moderna	Lot # _____	
<input type="checkbox"/> BNT162 by Pfizer/Biontech	Lot # _____	
<input type="checkbox"/> Janssen	Lot # _____	
<u>Location Given:</u>	<u>Route:</u>	<u>Is this their 1st or 2nd covid-19 vaccine?</u>
<input type="checkbox"/> RA	<input type="checkbox"/> IM	<input type="checkbox"/> 1st
<input type="checkbox"/> LA		<input type="checkbox"/> 2nd

<u>Time Administered:</u>
_____ : _____ AM PM

<u>Location:</u>
<input type="checkbox"/> Convention center
<input type="checkbox"/> Mobile Vaccine Team
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Walk-up
<input type="checkbox"/> Drive-thru

Vaccinator: _____ **Date:** _____

PRINT NAME