CLEVELAND METROPOLITAN SCHOOL DISTRICT

FREE COVID-19 VACCINATIONS

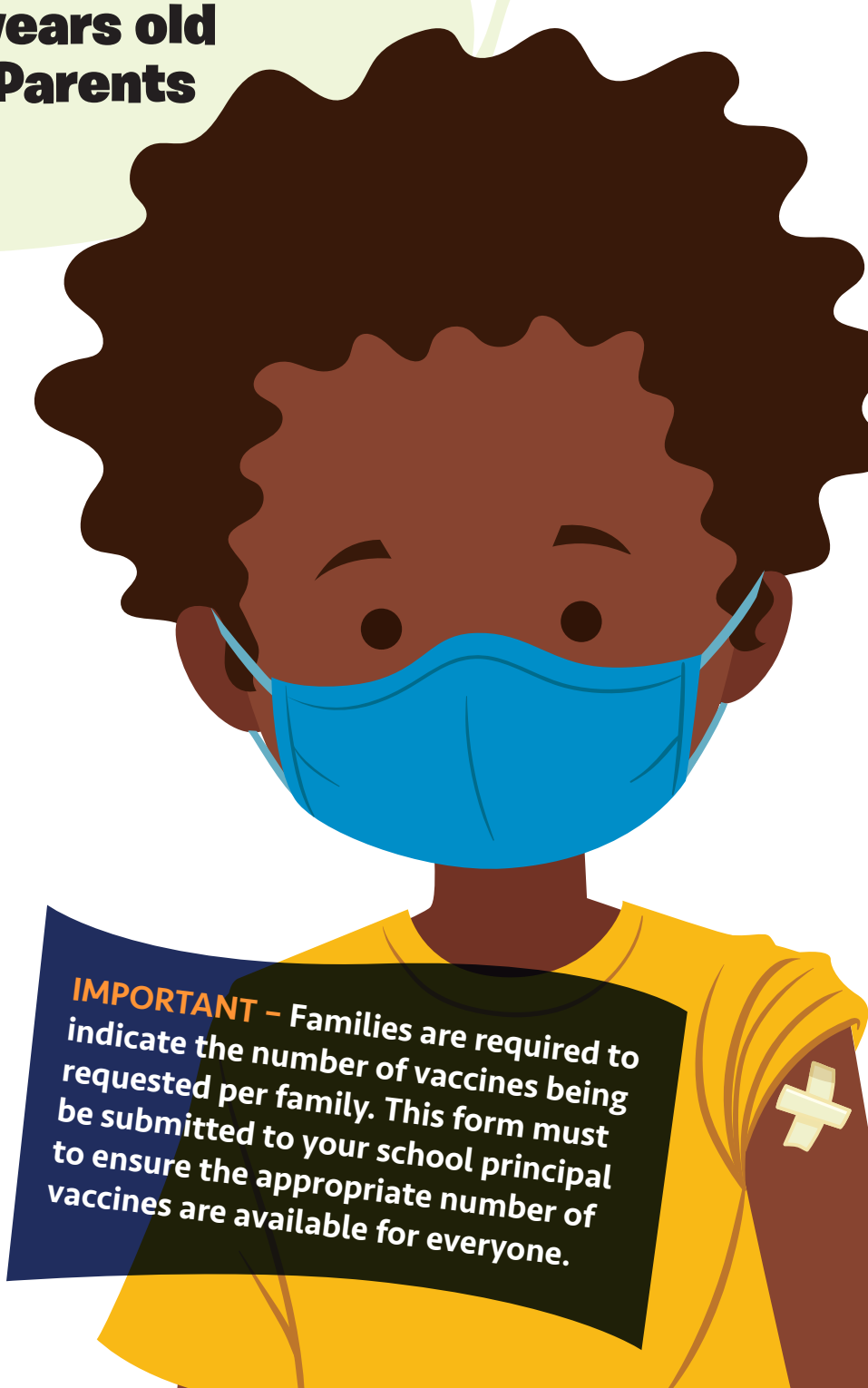
Students 5 years old and up and Parents

Friday, November 19
7:30am - 3:00pm

Saturday, November 20
Noon - 4:00pm

Willson

1126 Ansel Road | Cleveland OH 44108
216.838.1850
Dawn Hayden, Principal



CASE WESTERN RESERVE UNIVERSITY EST. 1826

THE CMSD EXPERIENCE get MORE

Intent to Participate

Please return this document to your school office along with a registration form for each member of your family that wishes to participate in the opportunity to be vaccinated.

First Offering – First Dose

Willson School
1126 Ansel Road, Cleveland, OH 44108
Friday, November 19
7:30am – 3:00pm

Number of participants ages 5-11 _____

Number of participants ages 12 & Up _____

List the names of everyone who will be receiving their first dose
Participants Ages 5-11

_____

_____

_____

List the names of everyone who will be receiving their first dose
Participants Ages 12 & Up

_____

_____

_____

Second Offering – First Dose

Willson School
1126 Ansel Road, Cleveland, OH 44108
Saturday, November 20
1:00pm – 4:00pm

Number of participants ages 5-11 _____

Number of participants ages 12 & Up _____

List the names of everyone who will be receiving their first dose
Participants Ages 5-11

_____

_____

_____

List the names of everyone who will be receiving their first dose
Participants Ages 12 & Up

_____

_____

_____

For Participants ages 5-11, will a parent and/or guardian be present at time of vaccination? (circle) YES or NO

Parent and/or Guardian Name

_____

Parent and/or Guardian Phone Number

_____

Parent and/or Guardian Signature

_____

Second Doses will be offered at Willson School on the following dates:

Friday, December 10
7:30am – 3:00pm

Saturday, December 11
1:00pm – 4:00pm

Thank you for participating and for helping to keep all of us safe & healthy!

COVID-19 Vaccines

Frequently Asked Questions for Parents and Guardians of Children and Adolescents Eligible for the Pfizer COVID-19 Vaccine

Q: Are COVID-19 vaccines available for children or teens?
A: Yes. In the United States, one COVID-19 vaccine has been granted authorization from the U.S. Food and Drug Administration (FDA) for use in people ages 5 and older – the Pfizer vaccine. Adolescents ages 12 and older are eligible for the adult/adolescent formulation (a 30 microgram dose), while those ages 5-11 are eligible for the smaller pediatric formulation of the same vaccine (a 10 microgram dose). The other available vaccines, Moderna and Johnson & Johnson, are currently authorized forthose age 18 and older. The Pfizer vaccine is fully approved and licensed for those ages 16 and up under the brand name Comirnaty.

Q: Is parental/guardian consent required?
A: Yes. Children under age 18 who are not emancipated must have parental or legal guardian consent for any vaccine. A parent or legal guardian generally should accompany the minor to receive the vaccine, unless the administration of the vaccine occurs in a physician's office, school-based or school-associated clinic setting or similar setting.

Q: How is the pediatric formulation for those ages 5-11 different from the adult/adolescent formulation for those ages 12 and up?
A: Both formulations use the Pfizer-BioNTech vaccine, which has been fully approved for those ages 16 and up under the name Comirnaty. However, the pediatric formulation is a smaller dose (10 micrograms), one-third of the size of the adult/adolescent vaccine (30 micrograms). According to experts, this lower dose could decrease the risk of any heart-related adverse effects. In the ongoing study for 5- to 11-year-olds, no serious side effects have been detected.

Q: Are COVID-19 vaccines safe and effective?
A: Yes, COVID-19 vaccines are safe and effective. According to the FDA, in Pfizer's vaccine clinical trial for youth ages 12-15, there were zero cases of COVID-19 in the 1,100 children who received the Pfizer vaccine, and 16 cases in the 1,100 children who received a placebowith no vaccine. The trial also found that the youth who were vaccinated had high levels of antibodies in their blood, indicating that they had developed strong protective immunity. The safety of the pediatric formulation was studied in approximately 3,100 children ages 5 through 11 years old who received the vaccine, and no serious side effects have been detected in the ongoing study. The Pfizer-BioNTech COVID-19 vaccine pediatric formulation for children ages 5 to 11 years was nearly 91% effective at preventing symptomatic infections during clinical trials, and when the Delta variant was widespread.

Q: I have heard about myocarditis happening to kids after being vaccinated. Should I be worried?
A: Myocarditis is an inflammation of the heart muscle which can reduce the heart's ability to pump and can cause rapid or abnormal heart rhythms. It is very rare following COVID-19 vaccination in adults and adolescents ages 12 and older. Signs and symptoms of myocarditis include chest pain, fatigue, shortness of breath, and arrhythmias. Well-recognized causes of myocarditis include some common viral illnesses – including COVID-19, bacteria like strep and mycoplasma, and even medications like antibiotics. Myocarditis has been reported as a rare adverse effect in adolescents and adults 12 and older. Most people who experienced myocarditis following vaccination recover from it on their own. Myocarditis and pericarditis (an inflammation of thin layers of tissue surrounding the heart) are much more common if you get COVID-19, and the risks to the heart from COVID-19 infection can be more severe. As of the date of this publication, zero children ages 5 to 11 who participated in the ongoing clinical trial testing of the COVID-19 vaccine experienced myocarditis or pericarditis. No serious side effects have been detected in the ongoing study of those ages 5 to 11.

Q: How long does it take for the vaccine to work?
A: The Pfizer vaccine is a two-dose series. The second dose is due 21 days (three weeks) after the first dose. Both doses are needed to achieve maximum protection. A person is considered fully immunized two weeks following the second dose. Therefore, you can expect to be protected five weeks after your first dose, assuming you got the second dose on time.

Q: What are the side effects of the COVID-19 vaccines?
A: Not everyone experiences side effects. If any, they tend to be mild and short in duration. The most common side effects include soreness, redness, or swelling at the injection site; fever and/or chills; headache; fatigue; andmuscle or joint pain. These side effects are normal and a sign that your body is creating an immune response to protect you from COVID-19. Side effects typically last one to two days, and may increase with the second dose.

Q: Do COVID-19 vaccines cause infertility, or impact a child's future fertility?
A: No. There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems.

Q: Will COVID-19 vaccines change someone's DNA?
A: No. COVID-19 vaccines will not alter a person's DNA. The Pfizer vaccine is a messenger RNA (mRNA) vaccine. It provides instructions for the body to create the harmless surface or "spike" protein found in the virus that causes COVID-19; the body responds by building antibodies to destroy the protein.

Q: Do COVID-19 vaccines implant people with a tracking microchip?
A: No, vaccine injections do not contain tracking microchips.

Q: How can I make an appointment? Where can youth be vaccinated?
A: There are hundreds of locations at which youth can be vaccinated across the state, including pediatrician's offices, vaccine clinics, local health departments, hospitals, community health centers, pharmacies, and more, listed at gettheshot.coronavirus.ohio.gov. Many locations offer walk-in appointments.

Q: Can all children be vaccinated at a pharmacy, or do they have to be a certain age?
A: State law allows those 7 years of age and older to receive a COVID-19 vaccine at a pharmacy. Pharmacists in Ohio may vaccinate children younger than age 7 if the pharmacist has met certain federal requirements as specified in the PREP Act. The Ohio Department of Health is encouraging Ohioans to check with their pharmacy regarding minimum age for vaccination and availability.

Q: What should my child do before a vaccine appointment?
A: Children should eat and drink plenty of water before getting a vaccination. This is especially important for children and teens becausefainting after any vaccine is more common among adolescents, and often the result of high anxiety or dehydration. Children should get plenty of rest the night before an appointment if possible. On the day of the appointment, they should wear a short-sleeve or sleeveless shirt to allow easy access to the upper arm. If it's a colder day, layer with a cardigan or jacket that is easy to remove quickly.

Q: What should I do if my child is feeling anxious?
A: Parents can take simple steps to help prepare their child for the vaccination and make the experience less stressful. Ask your child to breathe slowly and deeply before the injection and to think about something relaxing. They should avoidlooking at the syringe and relax the arm where they will receive the injection. Parents can also calm their children's anxieties by distracting them by talking to them while they are getting the vaccination.

Q: I've seen a lot of rumors on social media about vaccines. How can I tell what is true?
A: The internet is filled with dangerous misinformation about COVID-19 vaccines, and it can be difficult to know what to trust. The best thing you can do is educate yourself about the vaccines with information from trustworthy sources. Learn more about finding credible vaccine information in this article from the CDC, and separate myths from facts on this page from the Ohio Department of Health.

Have more questions about COVID-19?
Vaccine Facts | What to know before, during, and after receiving a COVID-19 vaccine

Updated Nov. 2, 2021.

Vaccination Pod at Case Western Reserve University

CASE WESTERN RESERVE UNIVERSITY EST. 1826

Target Population Code

COVID-19 Vaccine Registration Form

FIRST NAME	MIDDLE INITIAL	LAST NAME	CVX CODE	CPT CODE

DATE OF BIRTH	AGE	WEIGHT (LBS)	17 OR UNDER?	MISSED APPOINTMENT	REFUSAL
/ /			☐ Yes ☐ No	☐ Yes ■ No	☐ Yes ■ No

PHONE NUMBER OK To Text? Yes No

EMAIL Ok To Email? Yes No

STREET ADDRESS

RACE
- ☐ Alaskan Native (5)
- ☐ American Indian (5)
- ☐ Asian (4)
- ☐ Black (2)
- ☐ Native Hawaiian (7)
- ☐ Pacific Islander (7)
- ☐ White (1)
- ☐ Other (6)
- ☐ Unknown (9)

ETHNICITY
- ☐ Hispanic/Latino (1)
- ☐ Not Hispanic/ Latino (2)
- ☐ Unknown (3)

SEX
- ☐ Female (F)
- ☐ Male (M)
- ☐ Other (O)
- ☐ Unknown (U)

CITY	STATE	ZIP	COUNTY OF RESIDENCE

PATIENT QUESTIONS — ANSWER THE DAY OF VACCINATION

Have you had any type of vaccine in the last two weeks?	☐ No	☐ Yes
Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to a vaccine or any injection, or a history of anaphylaxis due to any cause?	☐ No	☐ Yes
Have you ever tested positive for COVID-19 or had a doctor tell you that you had COVID-19?	☐ No	☐ Yes
Have you been identified as either a probable or confirmed case of COVID-19 in the last two weeks?	☐ No	☐ Yes
Have you received antibody therapy (monoclonal or convalescent plasma) for COVID-19 in the last 3 months?	☐ No	☐ Yes
Do you have any serious health conditions (often called co-morbidities)?	☐ No	☐ Yes
Do you have a weakened immune system (i.e., from HIV or cancer) or are you on immunosuppressive drugs?	☐ No	☐ Yes
Do you have a bleeding disorder or are you taking a blood thinner?	☐ No	☐ Yes
Are you pregnant or breastfeeding?	☐ No	☐ Yes
Do you feel sick today?	☐ No	☐ Yes

Is this your first or second dose in the last month?	First dose manufacturer	First dose date
☐ First Dose ☐ Second Dose		

I have been provided with and reviewed the Vaccine Fact Sheet for the COVID-19 vaccine that I am receiving. I understand the FDA has authorized emergency use of the COVID-19 vaccine, which is not an FDA-approved vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any adverse events that may result. I understand that Case Western Reserve University is a teaching institution and healthcare personnel in training may be present and participate in providing services. I hereby release Case Western Reserve University, its employees, trustees, officers, faculty, students, representatives, agents, successors and assigns, from any liability which could result from this vaccination. I acknowledge that the federal Public Readiness and Emergency Preparedness (PREP) Act Declaration extends liability protections to entities and individuals who manufacture, distribute, or administer covered medical countermeasures against a public health threat or emergency. I request that the vaccine be given to me or to the person named above for whom I am authorized to make this request. By signing below, I, as or on behalf of the Patient, consent to receive and authorize Case Western Reserve University to provide the services. I understand that Case Western Reserve University may disclose my health information as set forth in the CWRU Notice of Privacy Practices, or as necessary for payment or to report to county, state, and/or federal agency. I authorize Case Western Reserve University to contact me for any purpose by any means I have provided. I understand that an administration fee may be billed to third party payers. I authorize Case Western Reserve University to bill any and all third party payers for this service. I agree that if I leave the vaccination site before 15 minutes have passed after my vaccination, I assume any risks associated with not waiting the recommended amount of time. I am aware that staff may be taking pictures for social media and clinic improvement purposes. If I do not want my picture to be taken, I will let Case Western Reserve University know.

PATIENT CONSENT/SIGNATURE (OR PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE IF THE PATIENT IS AGE 17 OR UNDER)	DATE OF CONSENT
	/ /

OFFICE USE ONLY

VACCINE NAME	LOT NUMBER	EXPIRATION DATE	DOSE SIZE	MANUFACTURER
COVID-19			■ Full (1.0) ☐ Half (0.5)	☐ Moderna (MOD) ☐ Pfizer (PFR) ☐ AstraZeneca (ASZ) ☐ GlaxoSmithKline ☐ Johnson & Johnson (JNJ) ☐ Merck ☐ Novavax ☐ Sanofi

ROUTE OF ADMIN	SITE OF INJECTION	DOSE IN SERIES	SERIES COMPLETE?
■ IM ☐ TD ☐ IV ☐ NS ☐ SC ☐ ID ☐ O ☐ Other	☐ RA ☐ RD ☐ RT ☐ Other ☐ LA ☐ LD ☐ LT _____	☐ First ☐ Second	☐ Yes ☐ No

VACCINE GROUP	VACCINATOR	DATE/TIME OF VACCINATION	OCCUPATION

CLINIC LOCATION	CLINIC TYPE	CLINIC ADDRESS	STATE VACCINE SYSTEM DATA ENTRY
			☐ By clinic/agency GIVING vaccine (N) ☐ By clinic/agency NOT giving vaccine (Y)

SYMPTOMS AND OUTCOME OF THE ADVERSE EVENT(S) (IF APPLICABLE)	MEDICAL TESTS AND LABORATORY RESULTS (IF APPLICABLE)	PHYSICIAN'S CONTACT INFORMATION (IF APPLICABLE)

COVID-19 Vaccination Registration Form Page 2

Case Western Reserve University EST. 1826

INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please **check only one box** in the section below. Please select the **primary reason** you are receiving the COVID-19 vaccine.

PHASE 1A

- ☐ Assisted Living Facility – Resident
- ☐ Assisted Living Facility – Staff
- ☐ Skilled Nursing Facility (RCF) – Resident
- ☐ Skilled Nursing Facility (RCF) – Staff
- ☐ State of Ohio Dept. of Dev. Disabilities (DODD) – Resident
- ☐ State of Ohio Dept. of Dev. Disabilities (DODD) – Staff
- ☐ State of Ohio Veterans Home – Resident
- ☐ State of Ohio Veterans Home – Staff
- ☐ State of Ohio Mental Health and Addiction Services (MHAS) – Resident
- ☐ State of Ohio Mental Health and Addiction Services (MHAS) – Staff
- ☐ State of Ohio Dept. of Rehabilitation & Correction – LTC residents
- ☐ State of Ohio Dept. of Rehabilitation & Correction – LTC staff
- ☐ Congregate Care Facility – Resident
- ☐ Congregate Care Facility – Staff
- ☐ Hospital worker – Clinical Staff
- ☐ Hospital worker – Administrative Staff
- ☐ Hospital worker – Ancillary Staff
- ☐ Non-Hospital healthcare worker – Administrative Staff
- ☐ Non-Hospital healthcare worker – Ancillary Staff
- ☐ Non-Hospital healthcare worker – Clinical Staff
- ☐ Emergency Medical Services (EMTs/Paramedics)

PHASE 1B

- ☐ Individuals over 80 years of age
- ☐ Individuals age 75 to 79 years of age
- ☐ Individuals age 70 to 74 years of age
- ☐ Individuals age 65 to 69 years of age
- ☐ Individuals with Congenital Disorders or Early Onset Conditions with IDD
- ☐ Individuals working in K-12 schools
- ☐ Individuals with Congenital Disorders or Early in Life Conditions that Carried into Adulthood without IDD

PHASE 1C

- ☐ Diabetes Type1
- ☐ Pregnant
- ☐ Bone Marrow Transplant Recipients
- ☐ ALS
- ☐ Childcare Services Worker
- ☐ Funeral Services Worker
- ☐ Law Enforcement, Corrections, Firefighter

PHASE 1D

- ☐ Diabetes Type 2
- ☐ End Stage Renal Disease

PHASE 1E

- ☐ Cancer
- ☐ Chronic Kidney Disease
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Heart Disease
- ☐ Obesity

PHASE 2A

- ☐ Individuals age 60 to 64 years of age

PHASE 2B

- ☐ Individuals age 50 to 59 years of age

PHASE 2C

- ☐ Individuals age 40 to 49 years of age

PHASE 2D

- ☐ Individuals age 16 to 39 years of age

Vaccination Pod at Case Western Reserve University

CASE WESTERN RESERVE UNIVERSITY EST. 1826

Target Population Code

Pediatric COVID-19 Vaccine Registration Form

CHILD'S FIRST NAME	CHILD'S MIDDLE INITIAL	CHILD'S LAST NAME	CVX CODE	CPT CODE

DATE OF BIRTH	AGE	WEIGHT (LBS)	MISSED APPOINTMENT	REFUSAL
/ /			☐ Yes ■ No	☐ Yes ■ No

PHONE NUMBER OK To Text? Yes No

EMAIL Ok To Email? Yes No

STREET ADDRESS

RACE
- ☐ Alaskan Native (5)
- ☐ American Indian (5)
- ☐ Asian (4)
- ☐ Black (2)
- ☐ Native Hawaiian (7)
- ☐ Pacific Islander (7)
- ☐ White (1)
- ☐ Other (6)
- ☐ Unknown (9)

ETHNICITY
- ☐ Hispanic/Latino (1)
- ☐ Not Hispanic/ Latino (2)
- ☐ Unknown (3)

SEX
- ☐ Female (F)
- ☐ Male (M)
- ☐ Other (O)
- ☐ Unknown (U)

CITY	STATE	ZIP	COUNTY OF RESIDENCE

PATIENT QUESTIONS — ANSWER THE DAY OF VACCINATION

Has your child had any type of vaccine in the last two weeks?	☐ No	☐ Yes
Has your child had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to a vaccine or any injection, or a history of anaphylaxis due to any cause?	☐ No	☐ Yes
Has your child ever tested positive for COVID-19 or has a doctor told you that your child had COVID-19?	☐ No	☐ Yes
Has your child been identified as either a probable or confirmed case of COVID-19 in the last two weeks?	☐ No	☐ Yes
Has your child received antibody therapy (monoclonal or convalescent plasma) for COVID-19 in the last 3 months?	☐ No	☐ Yes
Does your child have any serious health conditions (often called co-morbidities)?	☐ No	☐ Yes
Does your child have a weakened immune system (i.e., from HIV or cancer) or are they on immunosuppressive drugs?	☐ No	☐ Yes
Does your child have a bleeding disorder or are they taking a blood thinner?	☐ No	☐ Yes
Does your child feel sick today?	☐ No	☐ Yes
Does your child have a history of myocarditis or pericarditis?	☐ No	☐ Yes
Has your child been diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection?	☐ No	☐ Yes

Is this your child's first or second dose in the last month? ☐ First Dose ☐ Second Dose	First dose manufacturer	First dose date

I have been provided with and reviewed the Vaccine Fact Sheet for the COVID-19 vaccine that my child is receiving. I understand the FDA has authorized emergency use of the COVID-19 vaccine, which is not an FDA-approved vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any adverse events that may result. I understand that Case Western Reserve University is a teaching institution and healthcare personnel in training may be present and participate in providing services. I hereby release Case Western Reserve University, its employees, trustees, officers, faculty, students, representatives, agents, successors and assigns, from any liability which could result from this vaccination. I acknowledge that the federal Public Readiness and Emergency Preparedness (PREP) Act Declaration extends liability protections to entities and individuals who manufacture, distribute, or administer covered medical countermeasures against a public health threat or emergency. I request that the vaccine be given to me or to the person named above for whom I am authorized to make this request. By signing below, I, as or on behalf of the Patient, consent to receive and authorize Case Western Reserve University to provide the services. I understand that Case Western Reserve University may disclose my health information as set forth in the CWRU Notice of Privacy Practices, or as necessary for payment or to report to county, state, and/or federal agency. I authorize Case Western Reserve University to contact me for any purpose by any means I have provided. I understand that an administration fee may be billed to third party payers. I authorize Case Western Reserve University to bill any and all third party payers for this service. I agree that if my child leaves the vaccination site before 15 minutes have passed after my vaccination, we assume any risks associated with not waiting the recommended amount of time. I am aware that staff may be taking pictures for social media and clinic improvement purposes. If I do not want my picture to be taken, I will let Case Western Reserve University know.

PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE, PLEASE PRINT YOUR NAME

PATIENT CONSENT/SIGNATURE (OR PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE IF THE PATIENT IS AGE 17 OR UNDER)	DATE OF CONSENT
	/ /

OFFICE USE ONLY

VACCINE NAME	LOT NUMBER	EXPIRATION DATE	DOSE SIZE	MANUFACTURER
COVID-19			■ Full ☐ Half	☐ Moderna (MOD) ☐ Pfizer (PFR) ☐ AstraZeneca (ASZ) ☐ GlaxoSmithKline ☐ Johnson & Johnson (JNJ) ☐ Merck ☐ Novavax ☐ Sanofi

ROUTE OF ADMIN	SITE OF INJECTION	DOSE IN SERIES	SERIES COMPLETE?
■ IM ☐ TD ☐ IV ☐ NS ☐ SC ☐ ID ☐ O ☐ Other	☐ RA ☐ RD ☐ RT ☐ Other ☐ LA ☐ LD ☐ LT _____	☐ First ☐ Second	☐ Yes ☐ No

VACCINE GROUP	VACCINATOR	DATE/TIME OF VACCINATION	OCCUPATION

CLINIC LOCATION	CLINIC TYPE	CLINIC ADDRESS	STATE VACCINE SYSTEM DATA ENTRY
			☐ By clinic/agency GIVING vaccine (N) ☐ By clinic/agency NOT giving vaccine (Y)

SYMPTOMS AND OUTCOME OF THE ADVERSE EVENT(S) (IF APPLICABLE)	MEDICAL TESTS AND LABORATORY RESULTS (IF APPLICABLE)	PHYSICIAN'S CONTACT INFORMATION (IF APPLICABLE)

VACCINE LOCATIONS – CLEVELAND, OH 2021-2022

Standing Clinics: Vaccine Locations below sorted by hub zip code

- Monday-Friday, ***Cleveland Clinic Euclid Avenue Pharmacy-*** 9211 Euclid Avenue, Cleveland, OH 44195. Walk- ins ***J&J vaccine,*** 7-8pm
- Monday-Friday, ***Central Alliance Central Neighborhood Clinic***: 2916 Central Ave, Cleveland, OH 44115, 9-5pm
- Monday-Friday, ***Cleveland Clinic Willoughby Hills Pharmacy***- 2550 S.O.M. Center Rd, Willoughby, OH 44094. Walk- ins ***J&J vaccine*** from Monday – Thursday 8-8pm, Friday 8-6pm
- Monday-Friday, ***Cleveland Clinic Strongsville Pharmacy***- 16761 South Park Center, Strongsville, OH 44136. Walk-ins ***J&J vaccine*** from Monday – Thursday 8:00am-8:00pm, Friday 8:00am-6:00pm
- Monday-Friday, ***Cleveland Clinic Beachwood Pharmacy***- 26900 Cedar Rd, Beachwood, OH 44122. Walk- ins ***J&J vaccine*** Monday – Thursday 8-8p, Friday 8-6pm
- Monday-Friday, ***Cleveland Clinic Avon Pharmacy-*** 33100 Cleveland Clinic Blvd, Avon, OH 44011. Walk- ins ***J&J vaccine***, Monday – Thursday 8-8pm, Friday 8-6p
- Every Tuesday, ***J. Glenn Health Center***, 11100 St. Clair Ave. from 1p – 6:30p. Walk-in or pre-register at gettheshot.coronavirus.ohio.gov; phone 216-664-2222 for assistance.1st and 2nd dose ***Pfizer or Moderna*** and one-dose ***J&J.*** Flyer in shared folder in English and Spanish.
- Tuesdays and Fridays ***International Community Health Center*** - Akron, 370 E. Market Street, Akron, OH 44304 8:30-5p. To register, call 234-300-3400.
- Every Thursday, ***McCafferty Health Center,*** 4242 Lorain Ave, from 1– 6:30p. Walk-in or pre-register at gettheshot.coronavirus.ohio.gov; phone 216-664-2222 for assistance.1st and 2nd dose ***Pfizer or Moderna*** and one-dose ***J&J.*** Flyer in shared folder in English and Spanish.
- ***The Centers & Circle Health Services***, ***Johnson & Johnson vaccine***. Register online or by phone at: 216-325-WELL
- ***Neighborhood Family Practice,*** is offering walk-in or scheduled vaccine appointments at all 7 community health center locations. **.** Register online or call 216-281-0872 for assistance. Flyer in shared folder.

Cleveland Clinic Medical Facilities Standing Clinics: You can schedule an appointment on this link: https://my.clevelandclinic.org/landing/covid-19-vaccine/ohio# or call 216-448-4117. Schedulers are available Tuesday-Friday 9-4pm.

- ***Cleveland Clinic Business Operations Center***-- 6801 Brecksville Road, Independence, Ohio 44131 (Appointment only)
- ***Fairview Hospital***-- 18101 Lorain Ave, Cleveland, OH 44111 (Appointment only)
- ***Hillcrest North Campus***-- 6777 Mayfield Rd, Mayfield Heights, OH 44124 (Appointment Only)
- ***Langston Hughes Health and Education Center***-- 2390 E 79th St, Suite 206, Cleveland, OH 44104 (Walk-in vaccinations available Mondays from 7:30a-3:30p)

MetroHealth Standing Clinics: Link to pharmacy locations- https://www.metrohealth.org/covid-19/covid-vaccine/pharmacy-locations

- ***Main Campus Pharmacy,*** 2500 MetroHealth Drive, Cleveland, OH 44109, Monday-Friday, 9-6pm
- ***Parma Pharmacy***, 12301 Snow Road, Parma, OH 44130 Monday-Friday, 9-6pm

Updated on: 12 November, 2021

- ***Cleveland Heights Pharmacy,*** 10 Severance Circle, Cleveland Hts. OH 44120 Monday-Friday, 9-6pm
- ***Broadway Pharmacy***, 6835 Broadway Ave, Cleveland, OH 44105 Monday-Friday, 9-6pm. ***Moderna*** only.
- ***Ohio City Health Center Pharmacy,*** 4757 Lorain Ave, Cleveland, OH 44102 Monday-Friday, 9am-3pm.
- ***Old Brooklyn Pharmacy*****,** 4229 Pearl Rd. Cleveland, OH 44109. Monday-Friday, 9am-3pm
- ***Middleburg Heights Pharmacy,*** 7800 Pearl Rd. Middleburg Hts., OH 44130. Monday-Friday, 9-3pm
- ***Brecksville Pharmacy****,* 9200 Treeworth Blvd. Brecksville, OH 44141 Monday-Friday from 9-3pm.
- ***Buckeye Pharmacy,*** 2816 E. 116th St., Cleveland, OH 44120 Monday-Friday from 9-3pm.
- ***Bedford Pharmacy,*** 19999 Rockside Rd. Bedford OH 44146 Monday-Friday from 9-3pm.
- ***Beachwood Pharmacy,*** 3609 Park East Drive, 1st Floor Beachwood Monday-Friday from 9-6pm.

Upcoming Pop-Ups:

- **VAX ON THE SPOT POP-UP SITES CALENDAR**

Updated on: 12 November, 2021