

U.S.W. Local 105  
 880 Devils Glen Road  
 Bettendorf, IA 52722  
 Phone # (563) 355-1181  
 Fax # (563) 359-3529  
 Steelworkers105@gmail.com  
 Website: <https://uswlocals.org/local-105-bettendorf-iowa>  
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# United Steelworkers Local 105 Forerunner

Local 105 Forerunner

Issue Date: March 19, 2021 Volume #21 Issue #11 Mailed every 3 weeks

<b>Office</b>	<b>Name</b>
President	Brad Greve
Vice. Pres.	Robert Bartholomew ("Bart")
Guide	Roy Hutt
Rec Sec	Pat Stock
Griev Chair	Josh Meyrer
Fin Sec	Mike Nicholas



### Meetings & Events April 2021

4/15	4pm	Comm. & E Board Mtg.
4/19	6pm	Q-C Fed Delegates Mtg @Local 25
4/20	6:20am	Regular Business Mtg
	7:20am	" " "
	3:20pm	" " "
	6:20pm	" " "
	11:20pm	" " "
4/21	12 noon	Local 105-2 (Sivyer Steel)
	3 pm	Local 105-2 (Sivyer Steel)
4/22	4:30 pm	Local 105-1 (Bowe Machine)

All meetings @ USW Local 105 Union Hall  
Unless designated otherwise

Early Voting and Absentee Ballot  
 available now for the  
 Illinois Consolidated General Election  
 Tuesday April 6--

Be sure to get out and vote for these  
 EXCELLENT Candidates:

#### **Moline City--**

4th Ward - Matthew Timion

6th Ward - Pat O'Brien

#### **Rock Island City--**

1st Ward - DUAL Endorsement:

Moses Robinson - OR - Jason Hayes

5th Ward - Dylan Parker

#### **East Moline City--**

5th Ward - Yao Frederic Kotoku

#### **East Moline School District--**

Amy Beeding

#### **Rock Island School District--**

Gary Rowe

Natoshia "Tee" LeShoure

Tracy Pugh

#### **Black Hawk College Trustee--**

Fritz Larsen

Kimberly Stevens

Jeffrey Swan





# Covid-19 Vaccinations!

Covid-19 vaccinations will be made available to all Arconic employees who are interested.

If you are laid off or on short term disability you can still register to receive the vaccine, but the appointment dates may be different than the April 5-9 time frame.

Please see information below.

**When:** Week of April 5-9 (tentative subject to change) The vaccine to be given at these appointments will be the Johnson and Johnson vaccine.

**Where:** Arconic Main Cafeteria

**In order to be eligible you have to register and submit a completed Hyvee consent form to medical by March 26:**

## 3 WAYS TO REGISTER FOR COVID-19 VACCINE

### 1. Text Arconic to 94554

You will get a link with the latest updates. Click on that link, select the vaccine update, click pre-register here.

### 2. Scan the QR code or visit site

Scan the code at right with the camera on your phone or open a browser on your phone and type in the below link:



<https://www.surveymonkey.com/r/BRX9R3Q>

### 3. Use a kiosk

Select the pre-registration link on the homepage. Please allow up to 30 seconds between clicking the link and the form opening.

*No matter which way you register, you then need to turn in a consent form to Medical by March 26.*

### 4. New 4th Method to Register!

A new fourth method has been added for reserving your COVID vaccine shot. On the overtime sign up screen, there is a new link for the "Vaccine Pre-registration form" and the "Consent Form".

## 5 things to know:

1. Everyone needs to fill out the sections highlighted in yellow below. If you don't have Arconic insurance, you also need to fill out the blue section.
2. Fill out the screening questions as of the day you are filling it out. You will be asked those questions again before you receive the vaccine.
3. Primary Care Provider is your regular doctor
4. If you have Arconic insurance, the prescription information can be found on your CVS Pharmacy Card.
5. Fill out the department line at the top

**Hyvee pharmacy** COVID-19 Vaccine Consent and Administration Record

PATIENT INFORMATION			
Name:	Date of Birth: / /	Gender:	Phone:
Home Address:	City, State:	Zip:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		Email Address:	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African-American			
<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other Race			
Hyvee Pharmacy will mail additional information from the visit to your primary care provider using the contact information provided below. (OPTIONAL)			
Primary Care Provider (PCP) Name:	PCP Contact Information:		
If someone else manages healthcare decisions on the patient's behalf, please provide the following:			
Legal Decision-Maker Name:	Relationship:	Phone:	
INSURANCE INFORMATION - Please fill in all that apply			
<input type="checkbox"/> Prescription Insurance <input type="checkbox"/> Check box if patient is the primary card holder			
Pharmacy Insurance Provider:	Member ID #:	By Group #:	
SSN:	SSN POB:		
<input type="checkbox"/> Medicare Beneficiaries (the COVID Vaccine will be billed at Part B through your Medicare provider) to the patient age 65 or older or is the patient Medicare eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare Number (MMN):			
<input type="checkbox"/> Medical Insurance <input type="checkbox"/> Check box if patient is the primary card holder			
Medical Insurance Provider:	Member ID #:	Payor ID:	
<input type="checkbox"/> Uninsured - COVID-19 VACCINE ONLY Required: Driver's license or Social Security #			
If you are uninsured, please read the following statement and check the box for acknowledgment:			
<input type="checkbox"/> I do not have medical insurance, Medicare, Medicaid, or any government-funded health benefits plan or any commercial plan. I understand that I must answer this question truthfully in order to know the cost of my vaccination covered by the federal COVID-19 Uninsured Program. I understand that if I fail to disclose any active insurance I have, I may be charged in full for the COVID-19 vaccine.			
SCREENING QUESTIONS FOR COVID-19 VACCINE			
The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not asked, please see your healthcare provider.			
	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had an allergic reaction to: (This must include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or hydrocortisone or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused dizziness, swelling, or respiratory distress, including wheezing. If yes, the vaccine is contraindicated.)			
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Polysorbate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A previous dose of COVID-19 vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? (This would include food, penicillins, or oral medication allergies. Yes or No only to severe allergic reaction for 10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or hydrocortisone or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused dizziness, swelling, or respiratory distress, including wheezing. Your Provider should fill in for 10 min)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Return your completed Hyvee consent form to the Arconic Medical Department by no later than March 26<sup>th</sup>. Consent forms will be available at the turnstiles, center gate and within the departments.



Please wear a mask.  
Stay Safe. Stay Healthy.