**COVID-19 Vaccine Administration Record**

**Please Print**

**Section 1: Vaccine Recipient Information**

Recipient Name:

Last First M.I.

Address:

Street City State Postal Code

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_Gender:  Male  Female

Primary Healthcare Provider:

**Section 2: Screening Questions**

Have you received a COVID vaccine in the past?  Yes  No

If yes, date\_\_\_\_\_\_\_\_\_\_\_\_\_ & brand \_\_\_\_\_\_\_\_\_\_\_\_\_

Has the person received ANY vaccine within the last 14 days?  Yes  No

If yes to above, do not administer the Moderna vaccine

Do you have a condition or take medication that

makes you immunocompromised?  Yes  No

Are you pregnant or planning to become pregnant?  Yes  No

Are you currently breast feeding?  Yes  No

Do you currently have a febrile illness (fever)?  Yes  No

**Section 3: Consent**

I have read or have had explained to me the information provided in the Emergency Use Authorization (EUA) Factsheet or Vaccine Information Statement about COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be administered to me or to the person named above for whom I am authorized to make this request.

Signature: Date:

**Healthcare Provider Use Only**

Date Vaccine Administered: Injection Site (Deltoid):  Left  Right

Manufacturer: Lot Number: Exp:

Administered by Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVID-19 Vaccine EUA FACT SHEET for Recipients provided

\*\***FOR SECOND SHOT**\*\* I agree that none of the above information has changed and consent to the second COVID-19 vaccine.

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Signed Date

**\_\_\_\_\_\_\_\_**

**Healthcare Provider Use Only Second Shot Information**

Date Vaccine Administered: Injection Site (Deltoid):  Left  Right

Manufacturer: Lot Number: Exp:

Administered by Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_