**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_