COVID-19 VACCINE ADMINISTRATION RECORD SHEET

LAST NAME FIRST MI BIRTHDATE AGE

MAILING ADDRESS CITY STATE ZIP CODE

______________________ RACE: ____________ ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

PHONE

Screening Checklist	Yes	No	Don't Know
1. Are you feeling sick today?	☐	☐	☐
2. Have you ever had a severe allergic reaction (e.g. anaphylaxis) to something?	☐	☐	☐
3. Was the severe allergic reaction after receiving a COVID-19 vaccine?	☐	☐	☐
4. Was the severe allergic reaction after receiving another vaccine or another injectable medication?	☐	☐	☐
5. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	☐	☐	☐
6. Have you received another vaccine in the last 14 days?	☐	☐	☐
7. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	☐	☐	☐
8. Do you have a weakened immune system or do you take immunosuppressive drugs or therapies?	☐	☐	☐
9. Do you have a bleeding disorder or are you taking a blood thinner?	☐	☐	☐
10. Are you pregnant or breastfeeding?	☐	☐	☐
11. Have you ever received a dose of COVID-19 vaccine?	☐	☐	☐
12. If this is your second dose, when was the date of your first dose? ______/______/______	☐	☐	☐
13. If this is your second dose, which vaccine did you receive? ☐ Pfizer ☐ Moderna ☐ Other Product: ____________________			

"I have read or have had explained to me the information in the Emergency Use Authorization sheet (EUA) about the vaccine that will be administered. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine indicated above be given to me. I acknowledge and consent that my vaccination records are stored electronically in I-CARE. I agree to wait 15 minutes after vaccination to monitor for side effects.

X____
Signature of person to receive vaccine

X____
Date Signed & Emergency Use Authorization sheet provided

FOR OFFICE USE ONLY

Brand Name of Vaccine		Admin Date	EUA Date	Manufacturer	Lot #	Expiration Date	Site of Injection	Route
1st Dose	Moderna COVID-19		12/20	Moderna US Inc.			RD / LD	IM
2nd Dose	Moderna COVID-19		12/20	Moderna US Inc.			RD / LD	IM
1st Dose	Pfizer COVID-19		1/21	Pfizer-BioNTech			RD / LD	IM
2nd Dose	Pfizer COVID-19		1/21	Pfizer-BioNTech			RD / LD	IM
	Janssen COVID-19		2/21	Janssen Pharmaceutial			RD / LD	IM

Form reviewed & vaccine administered by: ________________________________ Date: ______________

Clinic/Office Address: Pike County Health Department, 606 W. Adams, Pittsfield, IL 62363; (217) 285-4407, ext. 124 *Revised 4/5/21*