COVID-19 Vaccine Administration Record

**Please print**

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| **Section 1: Vaccine Recipient Information**  |
| Recipient name: |       |       |       |
|  | Last name | First name | M.I. |
| Address: |       |       |       |       |
|  | Street | City | State | ZIP |
| Date of birth: |       | Age: |       | Gender: | [ ]  Male [ ]  Female |
| **Race** |
| **[ ]** American Indian or Alaska Native**[ ]** Asian **[ ]** Native Hawaiian**[ ]** Other Pacific Islander | **[ ]** Black or African American**[ ]** White **[ ]** Other Race |
| **Ethnicity** |
| **[ ]** Not Hispanic or Latino | **[ ]** Hispanic or Latino |
| **Primary Language** |
| **[ ]** English | **[ ]** Spanish |
| Primary Healthcare Provider: |       |

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| **Section 2: Screening for Vaccine Eligibility** |
| Has the person listed above previously received COVID-19 vaccine? | [ ]  Yes [ ]  No |
| If yes to above, indicate the COVID-19 vaccine previously received:      |
| Vaccine Brand Administered (Pfizer, Moderna, Astra Zeneca, Johnson and Johnson):      |
| Date first dose administered: | Month |       | Day |       | Year |       |
| Date second dose administered: | Month |       | Day |       | Year |       |

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| **Section 3: Insurance** |
| Please provide medical insurance information for the vaccine recipient. |
| Insurance name: |       | Member ID: |       |
| Social Security Number: |       | Cardholder name: |       |
| Relationship to Vaccine Recipient: |       |

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| **Section 4: 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: |       |

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| **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 |