NOMS HEALTHCARE

COVID-19 VACCINE ADMINISTRATION RECORD

PATIENT'S NAME_____ DOB:_____

PHYSICIAN'S NAME _____

Please complete the following questionnaire about the person that is to be immunized today to help us determine if there is any reason this person should not be immunized today.

Circle Y for Yes and N for No

Date of Visit		
1. Is the client feeling sick today?	**Y N**	**Y N**
2. Has the client received a dose of Covid-19 vaccine? If yes, which product? Pfizer Moderna or other?	**Y N**	**Y N**
3. Has the client ever had a severe allergic reaction to something? a) Was the client treated with Epinephrine or EpiPen, or for which they had to go to the Hospital? b) Was it after receiving the Covid-19 vaccine or any other vaccine or injectable medication?	**Y N** **Y N** **Y N**	**Y N** **Y N** **Y N**
4. Has the client received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for Covid-19?	**Y N**	**Y N**
5. Has the client had a positive test for Covid-19 or had a doctor tell them that they had Covid-19?	**Y N**	**Y N**
6. Does the client have a weakened immune system caused by something such as HIV infection or cancer? Or do they take immunosuppressive drug therapies?	**Y N**	**Y N**
7. Does the client have a bleeding disorder or taking a blood thinner?	**Y N**	**Y N**
8. Is the client pregnant or breastfeeding?	**Y N**	**Y N**
9. Has the client received any vaccinations in the last 14 days?	**Y N**	**Y N**

I have received a copy and have read or had read to me the information contained in the appropriate Fact Sheet about the disease and vaccine indicated. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine indicated on this record be given to me or the person named for whom I am authorized to make this request.

Patient/Legal Guardian Signature:	Date:
Patient/Legal Guardian Signature:	Date:

	Covid-19 Dose #1	**Covid-19 Dose #2**
Date Administered		
Vaccine Manufacturer		
Vaccine Lot Number		
Injection Site		
Administrator Signature		