

**COVID-19 Vaccine Administration Record**  
**CHILDREN AGE 5-11 ONLY**

**My child is getting:**  1<sup>st</sup> Dose  2<sup>nd</sup> Dose

If 2<sup>nd</sup> dose, date 1<sup>st</sup> dose was administered: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 1: Vaccine Recipient Information (Please Print)**

Recipient Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Phone Number: \_\_\_\_\_ Primary Physician: \_\_\_\_\_

**Section 2: Screening for Vaccine Eligibility**

Has the person listed above ever had a severe allergic reaction to any vaccination?  Yes  No

Has the person listed received passive antibody therapy as treatment for COVID-19?  Yes  No

If the child has previously received the COVID-19 vaccine, did they experience hives, wheezing/respiratory distress, or anaphylaxis within 4 hours of receiving their shot?  Yes  No  N/A

**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. **I understand the person receiving the COVID-19 vaccine should remain in the clinic for 15 minutes after the vaccination.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Links to the COVID-19 Vaccine EUA Fact Sheets for Recipients are included on the CDC handout you received today and hard copies of the fact sheets are available upon request.*

| Healthcare Provider Use Only     |  |
|----------------------------------|--|
| Date Vaccine Administered: _____ | Injection Site (Deltoid): <input type="checkbox"/> Left <input type="checkbox"/> Right |
| Manufacturer: Pfizer             |  |
| Lot # _____                      | Exp: _____ Administered by: _____  |