



106 N. Jackson St, Suite 103, Mt. Pleasant, IA 52641

MODERNA COVID-19 Vaccine Administration Record

I am: 6 months to 5 years old 6-11 years old 12 years or older

I am here for my: 1st Dose 2nd Dose 1st Booster 2nd Booster

Date 1st dose administered: _____ Circle brand: Pfizer Moderna J & J _____
Other

Date 2nd dose administered: _____ Circle brand: Pfizer Moderna _____
Other

Date 1st booster administered: _____ Circle brand: Pfizer Moderna J & J _____
Other

Section 1: Vaccine Recipient Information (Please Print)

Recipient Name: _____
Last First M.I.

Any other last names vaccination records might be under: _____

Address: _____
Street City State Zip Code

Date of Birth: _____ Age: _____ Phone Number: _____ Male Female

Section 2: Screening for Vaccine Eligibility

Are you immunocompromised (weakened immune system)? Yes No

Have you ever had a severe allergic reaction to any vaccination? Yes No

If you have previously received the COVID-19 vaccine, did you experience hives, wheezing/respiratory distress, or anaphylaxis within 4 hours of receiving your 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 referenced 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): Left Right

Manufacturer: _____ Lot # _____ Exp: _____ Administered by: _____