



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

# COVID-19

## Vaccine Administration Record

### 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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  Male  Female

### Section 2: Screening for Vaccine Eligibility

Are you currently sick today?  Yes  No

Are you immunocompromised (weakened immune system)?  Yes  No  Don't Know

Have you ever had a severe allergic reaction to any vaccination?  Yes  No  Don't Know

Check all that apply to the person to be vaccinated:

- Have a history of myocarditis or pericarditis
- Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?
- Vaccinated with monkeypox vaccine in the last 4 weeks?
- None of the above

### Section 3: Insurance Billing

I do not have insurance

I, the undersigned, certify that the information given by me in applying for payment under the insurance I provided, is correct. I authorize release of all records required to act on their request and request that payment of authorized benefits be made on my behalf or all who may be covered by this insurance. I authorize such insurance to make payment directly to Henry County Public Health.

Insurance Company Name: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

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

#### Healthcare Provider Use Only

VFC Bridge Insurance

Date Vaccine Administered: \_\_\_\_\_ Injection Site (Deltoid):  Left  Right

Manufacturer: Lot # \_\_\_\_\_ Exp: \_\_\_\_\_ Administered by: \_\_\_\_\_