

## COVID-19 Vaccine Administration Record

Please Print

### Section 1: Vaccine Recipient Information

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

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

Phone number: \_\_\_\_\_

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

Primary Healthcare Provider: \_\_\_\_\_

### 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 does administered: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### 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.

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

#### Healthcare Provider Use Only

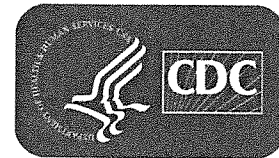
Date Vaccine Administered: \_\_\_\_\_ Injection Site (Deltoid):  Left  Right

Manufacturer: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Administered by: Print: \_\_\_\_\_ Signature: \_\_\_\_\_

COVID-19 Vaccine EUA FACT SHEET for Recipients provided

# Prevaccination Checklist for COVID-19 Vaccines



For vaccine recipients:

Patient Name \_\_\_\_\_

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.

Age \_\_\_\_\_

**If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked.

If a question is not clear, please ask your healthcare provider to explain it.

Yes      No      Don't know

1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
<ul style="list-style-type: none"> <li>If yes, which vaccine product did you receive?  <input type="checkbox"/> Pfizer    <input type="checkbox"/> Moderna    <input type="checkbox"/> Janssen (Johnson &amp; Johnson)    <input type="checkbox"/> Another product                 </li> </ul>			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
<ul style="list-style-type: none"> <li>A component of a COVID-19 vaccine including either of the following:                 </li> </ul>			
o Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures			
o Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids.			
<ul style="list-style-type: none"> <li>A previous dose of COVID-19 vaccine.</li> <li>A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction.</li> </ul>			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Are you pregnant or breastfeeding?			
12. Do you have dermal fillers?			

Form reviewed by

Date

03/05/2021 CS321629-E

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists

# What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects **may feel like flu** and **may even affect your ability** to do daily activities, but they should go away in a few days.

## Common side effects

### On the arm where you got the shot:

- Pain
- Swelling

### Throughout the rest of your body:

- Fever
- Tiredness
- Chills
- Headache

## Helpful tips

If you have pain or discomfort, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

**To reduce pain and discomfort where you got the shot:**      **To reduce discomfort from fever:**

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.
- Drink plenty of fluids.
- Dress lightly.

## When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

## Remember

- Side effects may feel like flu and even affect your ability to do daily activities, but they should go away in a few days.
- With most COVID-19 vaccines, you will need 2 shots in order for them to work. Get the second shot even if you have side effects after the first one, unless a vaccination provider or your doctor tells you not to get a second shot.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until a week or two after your second shot.
- It's important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.

## HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:

If your temperature is \_\_\_\_°F or \_\_\_\_°C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about: \_\_\_\_\_

Healthcare provider phone number: \_\_\_\_\_

### Medication (if needed):

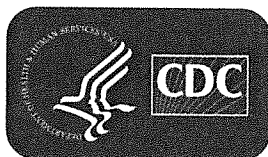
Take \_\_\_\_\_ every \_\_\_\_ hours as needed.  
(type and dose or amount)



## Ask your healthcare provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose

Learn more about v-safe.  
[www.cdc.gov/vsafe](https://www.cdc.gov/vsafe)



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)