

# MODERNA COVID-19 Vaccine Administration Record

**Please Print** Information about person to receive vaccine

<b>Last name</b>	<b>First</b>	<b>Middle initial</b>	<b>Birth date</b>	<b>Age</b>
<b>Street address</b>		<b>City</b>	<b>Zip code</b>	
<b>Telephone #</b>				
<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>Email address:</b>				

I have read or have had explained to me the information in the Emergency Use Authorization (EUA) about the COVID-19 vaccine. I believe I understand the benefits and risks of the COVID-19 vaccine and ask that the COVID-19 vaccine be given to me or the person named above for who I am authorized to make this request. I authorize billing of the administration of vaccination to Medicare, Medicaid, or insurance. I hereby acknowledge that I received a copy of the "Notice of Privacy Practices" from the Macon County Health Department dated 9/23/2013. \_\_\_\_\_ (initials)

**CDC recommends waiting 15 minutes after receiving immunizations.**

Signature of person to receive the COVID-19 vaccine, or the person authorized to make request:

X \_\_\_\_\_ Date: \_\_\_\_\_

## Office use only

<p><b>Dose # 1</b> <span style="float: right;"><input type="checkbox"/></span></p> <p>Manufactured by: Moderna</p> <p>EUA given: _____</p> <p>Site of vaccine: right left deltoid</p> <p>Date Administered: / /</p> <p>Lot #:</p>	<p><b>Dose # 2</b> <span style="float: right;"><input type="checkbox"/></span></p> <p>Manufactured by: Moderna</p> <p>EUA given: _____</p> <p>Site of Vaccine: right left deltoid</p> <p>Date Administered: / /</p> <p>Lot #:</p>
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**Clinic/office address:** Macon County Health Department, 1221 E Condit St, Decatur, IL 62521

Signature & Title of Vaccine Administrator \_\_\_\_\_

Medicare # \_\_\_\_\_

Medicaid # \_\_\_\_\_

Insurance:  
Member ID/Group # \_\_\_\_\_

# Screening Checklist for Contraindications to the MODERNA COVID-19 Vaccination

**For patients to be vaccinated:** The following questions will help us determine if there is any reason we should not give you the MODERNA vaccination today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the person to be vaccinated ever had a severe allergic reaction to any vaccine or injectable (intramuscular, intravenous, or subcutaneous) in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated previously been infected with COVID-19 and received monoclonal antibodies or convalescent plasma as part of treatment in the last 90 days? (must be minimum 90 days since treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated today previously received a COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Completed by \_\_\_\_\_ Date \_\_\_\_\_

Form Reviewed by \_\_\_\_\_ Date \_\_\_\_\_