PFIZER-BIONTECH COVID-19 Vaccine Administration Record

Dose # 1 Manufactured by: Pfizer EUA given: Site of vaccine: right left deltoid Date Administered: / Lot #: Clinic/office address: Macon County Health Department, 1221 E Condit St, Decatur, IL 62521 Signature & Title of Vaccine Administrator Medicare # Medicaid #	Last name	First	Middle initial	Birth date	Age
have read or have had explained to me the information in the Emergency Use Authorization (EUA) about 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 uthorize billing of the administration of vaccination to Medicare, Medicaid, or insurance. I hereby eknowledge that I received a copy of the "Notice of Privacy Practices" from the Macon County Health Department dated 9/23/2013					
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Office use only Dose # 1 Manufactured by: Pfizer EUA given: Site of vaccine: right left deltoid Date Administered: / / Lot #: Clinic/office address: Macon County Health Department, 1221 E Condit St, Decatur, IL 62521 Signature & Title of Vaccine Administrator Medicare # Medicaid #				ceiving immunizations	
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Medicare # Medicaid #	Clinic/office address: Ma	acon County H	ealth Department, 1221 E Co	ondit St, Decatur, IL 6252	21
Medicaid #	Signature & Title of Vacc	ine Administra	tor		
	Medicare #				
	Medicaid #				

Screening Checklist for Contraindications to the PFIZER-BIONTECH 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 Pfizer-Biontech 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?			
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?			
3. Has to 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)			
4. Has the person to be vaccinated today previously received a COVID-19 vaccine?			
Form Completed by	Date		
Form Reviewed by	Date		
(www.immunize.org) Technical content reviewed by CDC			