

## PEDIATRIC PFIZER-BIONTECH 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> <input style="float: right;" type="checkbox"/></p> <p>Manufactured by: Pfizer</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> <input style="float: right;" type="checkbox"/></p> <p>Manufactured by: Pfizer</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 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?	<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 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)	<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 \_\_\_\_\_

( www.immunize.org) Technical content reviewed by CDC