

## **COVID-19 VACCINE ADMINISTRATION RECORD**

SECTION 1	CLIENT INFORMATION (Plea	ase PRINT clearly)									
Today's Date	e:										
Legal Name:											
_	Last Name	First Name Middle Nam	10								
Date of Birth		Other Names Used Since Birth:									
Condor	MM/DD/YYYY	(Maiden N	lame, etc.):								
Gender:	☐ Male ☐ Female										
Address:	Street Address										
-	City	State Zip Code									
Phone Number:											
<b>D</b>	(Area Code) Phone Number										
Race:	<ul><li>☐ White</li><li>☐ Black/African American</li></ul>	— : :-:::: — : :-:::	skan/America al (Select all tl								
Ethnicity:	□ Non-Hispanic/Latino	☐ Hispanic/Latino		iai appiy)							
	•	·									
SECTION 2	MEDICAL SCREENING QUE	STIONNAIRE									
1. Are you	☐ Yes	□ No									
2. Have yo	□ Yes	□ No									
3. Have you ever had a severe allergic reaction to any of the following items?											
<ul><li>A previous</li></ul>	ous dose of COVID-19 vac	cine or any other vaccine	□ Yes	□ No							
■ Medication or therapy, polyethylene glycol (PEG) or polysorbate											
■ Food item, pet, insect, latex, environmental substance or any other substance											
4. Do you h	☐ Yes	□ No									
5. Are you	□ Yes	□ No									
6. Have yo	□ Yes	□ No									
convalesce	ent plasma?										
SECTION 3	CONSENT										
CONSENT FOR SERVICES: I have read or have had explained to me, the information contained in the Emergency Use Authorization											
Fact Sheet regarding the vaccine(s) to be administered today. I have had a chance to ask questions which were answered to my											
satisfaction. I believe I understand the benefits and risks of the specific vaccine(s). I ask that the vaccine(s) be given to me, or to the person for whom I am authorized to make this request. I also authorize the Macomb County Health Department to release my											
immunization record information, or the immunization record information of the person for whom I am authorized to make this request											
to other health care provider(s) as needed and to other public health authorities (e.g. for entry into an immunization registry for											
Covid-19 Vaccine reporting requirements).  NOTICE OF PRIVACY PRACTICES: I have received notification of the Macomb County Health Department's Notice of Health											
Information Practices. I understand that my acknowledgement of the Notice is evidenced by my signature on this document. The											
		s privacy notice. The Department may change the terms									
The new notice will be effective for all protected health information that it maintains at that time. Upon my request, the Department will provide me with the revised notice of privacy practices.											
By signing below, I hereby acknowledge that I have read and fully understand the applicable statements on this form.											
SIGNATURE of	Client/Legal Guardian	Date									
PRINT NAME of Client/Legal Guardian											

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<b>SECTION 4</b>	Regis	Registration Information										
	□ 91 –	□ 91 – MC Outreach		☐ Mount Clemens (01) Ente		ered in MCIR by						
Service		□ 92 – SW Outreach		☐ Southwest (02)		•						
Location			Outreach	☐ Southeast (03)	Date	Entered in MCIR						
SECTION 5 Vaccine Documentation  Vaccination □ Birthdate Confirmed												
			Sirthdate Confirmed									
☐ EUA Fact Sheet Given												
				Vaccination Record								
Vaccine	MFR	2	Lot Nu	umber/Dose/Volume		Site	Route					
				Primary Serie	es							
			LOT#									
0 :140	_ nr					☐ Right Arm (Deltoid)	☐ Right Thigh					
Covid-19 mRNA	☐ Pfizer Monovale		☐ Dose 1 (30 mc	g/0.3 ml_dose)				IM				
Primary	IVIOLIOVAIG	nonovalent	☐ Dose 2 (30 mcg/0.3 mL dose)			☐ Left Arm (Deltoid)	☐ Left Thigh					
			☐ Additional Dose (30 mcg/0.3 mL dose)									
			LOT#									
Covid-19	│					☐ Right Arm (Deltoid)	☐ Right Thigh					
mRNA	☐ Mode		☐ Dose 1 (100 m	cg/0.5 mL dose)				IM				
Primary			☐ Dose 2 (100 mcg/0.5 mL dose)			☐ Left Arm (Deltoid)	☐ Left Thigh					
				e (100 mcg/0.5 mL dose)								
Covid-19 adjuvant Primary			LOT#					10.4				
					☐ Right Arm (Deltoid)	☐ Right Thigh						
	□ Novavax		□ Doco 1 /s	50 μg of Matrix-M ™ adjuvant/0.5 mL	doco)	□ Left Arm (Deltoid)	☐ Left Thigh	IM				
1 milary				50 μg of Matrix-M ™ adjuvant/0.5 mL		Lott / till (Bottold)	Leit Tillgi					
			(v pg v	Booster Dos								
	I		LOT#	Dooster Dos	<b>.</b>	T		l				
Covid-19 mRNA			LOT #			☐ Right Arm (Deltoid)	☐ Right Thigh					
	□ Pfizer Bivalent				Tright 7 tim (Beiteld)		IM					
Booster			(30 mcg/0.3 mL dose)		☐ Left Arm (Deltoid)	☐ Left Thigh						
			LOT#	15 mcg original, 15 mcg Omicron BA.4/BA	A.5)							
Covid 10	□ Moderna		LOT #			District Asset (Delitable)	Distant					
Covid-19 mRNA Booster		☐ Booster Dose (50 mcg/0.5 mL dose)			☐ Right Arm (Deltoid)	☐ Right Thigh	IM					
	Bivalent				☐ Left Arm (Deltoid)	☐ Left Thigh						
		(	25 mcg original, 25 mcg Omicron BA.4/BA	A.5)								
Covid-19 adjuvant Booster	□ Novavax Monovalent		LOT#			Discht Amer (Delteid)	Dimbé Thimb					
						☐ Right Arm (Deltoid)	☐ Right Thigh	IM				
		☐ Booster Dose			☐ Left Arm (Deltoid)	☐ Left Thigh						
Ctoff Admi	oio to vivo	V		latrix-M ™ adjuvant/0.5 mL dose)								
Staff Admir	nistering	vacc	ine									
Date												
Date												
PROGRESS	NOTES		<u> </u>									
- MOGNI-SS	NOTES											