

COVID-19 PRE-VACCINE WORKSHEET

Under the FDA Emergency Use Authorization (EUA), individuals 16 years of age and older may receive the Pfizer vaccine and 18 years of age and older may receive the Moderna vaccine for the prevention of COVID-19 illness. You will be receiving the following documents: EUA Fact Sheet for Recipients and Caregivers, a copy of this Pre-Vaccination Worksheet, CDC COVID-19 Vaccination card, and V-Safe flyer.

Section 1: Information about you (please print)

Last name	First name	Middle name
Date of birth (MM/DD/YYYY)	Preferred phone number	Mother's maiden name
Mailing address		
City	State	Zip code

Section 2: Vaccine review

Will today be your SECOND COVID-19 vaccine?	Yes	No
If YES, which vaccine did you receive for your 1 st dose? <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer		
Date received: _____		

Section 3: Screening questions

Have you ever had an allergic reaction to the COVID-19 vaccine or a component of the COVID-19 vaccine or polysorbate? (components listed in EUA Fact sheet)	Yes Stop! Do not vaccinate	No
Have you received any vaccination(s) of any kind in the last 14 days?	Yes	No
Have you ever had a severe allergic reaction from any food, medication, or other substance? <i>If yes, what are you allergic to:</i> _____	Yes	No
Have you ever had a bad reaction, severe side effects, anxiety attacks, or fainted after getting a vaccination?	Yes	No

Take completed form to the Registration area

FOR COMPLETION BY VACCINATOR ONLY

Section 4: Vaccine administration information

MANUFACTURER	LOT NUMBER	EXP DATE	VACCINE #	DOSE	IM SITE
			1 st dose	0.5 ml	L-Deltoid
			2 nd dose	0.3ml	R-Deltoid