

**CHRISTIAN COUNTY HEALTH DEPARTMENT
VACCINE ADMINISTRATION RECORD
SARS-CoV-2 (COVID-19) 2020-2121**

NAME _____ SEX: M _____ F _____
FIRST LAST MI

ADDRESS _____
STREET ADDRESS / POST OFFICE BOX NUMBER CITY STATE ZIP

BIRTHDATE ____/____/____ AGE _____ TELEPHONE #: _____

LOCAL HEALTH DEPARTMENTS ARE PERMITTED TO CHARGE AN ADMINISTRATIVE FEE FOR COVID-19 VACCINATIONS TO INSURANCE CARRIERS.

INSURANCE COMPANY NAME: _____ ID NUMBER: _____

GROUP NUMBER: _____ RACE _____ ETHNICITY _____

HOW CAN WE REMIND YOU OF YOUR SECOND VACCINE? *Circle all that apply*
 PHONE CALL _____ TEXT _____ EMAIL _____

	VACCINE #1		VACCINE #2	
	YES	NO	YES	NO
ARE YOU SICK TODAY? <i>This question is to be answered on the day of vaccine administration.</i>				
ARE YOU ON ANY TYPE OF BLOOD THINNERS?				
HAVE YOU EVER HAD A SERIOUS REACTION TO A VACCINE?				
HAVE YOU EVER BEEN DIAGNOSED WITH GUILLAIN-BARRE SYNDROME (GBS)?				
WOMEN ONLY: ARE YOU PREGNANT OR BREASTFEEDING?				
DO YOU HAVE A LATEX ALLERGY? IF YES, WHAT TYPE OF REACTION?				
ARE YOU ALLERGIC TO THE FOLLOWING ANTIBIOTICS: NEOMYCIN OR POLYMYXIN? IF YES, WHAT TYPE OF REACTION?				

I HAVE READ OR HAVE HAD EXPLAINED TO ME THE VACCINE INFORMATION SHEET/EUA ABOUT THE COVID-19 VACCINE. I HAVE HAD A CHANCE TO ASK QUESTIONS THAT WERE ANSWERED TO MY SATISFACTION. I BELIEVE I UNDERSTAND THE BENEFITS AND RISKS OF THE COVID-19 VACCINE. I REQUEST THAT THE VACCINE BE GIVEN TO ME OR TO THE PERSON NAMED BELOW FOR WHOM I AM AUTHORIZED TO MAKE THIS REQUEST. I ALSO AUTHORIZE THE CHRISTIAN COUNTY HEALTH DEPARTMENT WILL KEEP THIS RECORD, COMPLETED WITH HE MANUFACTURER, LOT NUMBER AND EXPIRATION DATE OF THE VACCINE GIVEN, THE DATE GIVEN, THE SITE OF ADMINISTRATION, AND THE SIGNATURE AND TITLE OF THE PERSON ADMINISTERING THE VACCINE ON FILE FOR REFERENCE. I ALSO HEREBY ACKNOWLEDGE THAT I HAVE RECIEVED A COPY OF THE 'JOINT NOTICE OF PRIVACY PRACTICES' FROM THE CHRISTIAN COUNTY HEALTH DEPARTMENT DATED SEPTEMBER 23, 2013.

SIGNATURE FOR VACCINE #1

SIGNED _____ DATE _____
SIGNATURE OF PERSON RECEIVING VACCINE OR PARENT/GUARDIAN AUTHORIZED TO MAKE REQUEST

SIGNATURE FOR VACCINE #2

SIGNED _____ DATE _____
SIGNATURE OF PERSON RECEIVING VACCINE OR PARENT/GUARDIAN AUTHORIZED TO MAKE REQUEST

FOR OFFICE USE ONLY

VACCINE #1		VACCINE #2	
SITE OF INJECTION: R L		SITE OF INJECTION: R L	
DATE GIVEN: ____/____/____		DATE GIVEN: ____/____/____	
ADMINISTERED BY: _____		ADMINISTERED BY: _____	
MANUFACTURER: MODERNA		MANUFACTURER: MODERNA	
VACCINE: COVID-19 ADMINISTRATION FEE		VACCINE: COVID-19 ADMINISTRATION FEE	
LOT #: _____		LOT #: _____	
EXPIRES: _____		EXPIRES: _____	
DX: Z23		DX: Z23	
PROCEDURE CODE: 0011A 20.00		PROCEDURE CODE: 0012A 30.00	