



COVID-19 Screening and Vaccine Administration Record

PLEASE PRINT:

Last Name: _____ First Name: _____ DOB: _____

Email Address: _____ Phone Number: _____

PLEASE ANSWER THESE QUESTIONS	1 st Dose		2 nd Dose	
	YES	NO	YES	NO
1. Are you under the age of 18? (<i>Moderna can be given to those 18 and older</i>)				
2. Are you sick today?				
3. Have you been diagnosed with COVID in the last 10 days and are currently on isolation?				
4. Have you received monoclonal antibodies or convalescent plasma in the last 90 days for the treatment of COVID-19?				
5. Do you have HIV, other immunocompromising conditions or take immunosuppressive medication or therapies?				
a. If yes, have you discussed and received counseling regarding COVID-19 vaccination from your Physician?				
6. Do you have an allergy to a component of the vaccine? (Refer to the EUA Fact Sheet: <u>Moderna</u>)				
7. Have you had a serious allergic reaction or anaphylaxis to a prior vaccine or other injected medicine (intravenous, subcutaneous, or intramuscular)?				
8. Are you pregnant or breastfeeding?				
a. If yes, have you discussed and received counseling regarding COVID-19 vaccination from your Physician?				
9. Have you received any other vaccine in the last 14 days or intend to receive another vaccine in the next 14 days?				

I received and read the Emergency Use Authorization fact sheet information regarding the possible side effects, risks and contraindications of the COVID-19 vaccine. Avera will disclose this immunization to the appropriate State Immunization Registry Database.

Signature & Date :

1st dose: _____ 2nd dose: _____

ADMINISTRATIVE USE ONLY:

1 st DOSE - Vaccine	Emergency Use Authorization : Moderna COVID-19 Vaccine		
Date & Time Vaccine Administered	Vaccine Manufacturer/Lot Number/Expiration Date	Site	Signature & Title of Vaccine Administrator
		IM Deltoid: Location (circle one) Left Right	

Observation Time (circle one): 15 minutes 30 minutes

2 nd Dose – Vaccine	Emergency Use Authorization : Moderna COVID-19 Vaccine		
Date & Time Vaccine Administered	Vaccine Manufacturer/Lot Number/Expiration Date	Site	Signature & Title of Vaccine Administrator
		IM Deltoid: Location (circle one) Left Right	

Observation Time (circle one): 15 minutes 30 minutes