HENRY COUNTY PUBLIC health

106 N. Jackson St, Suite 103, Mt. Pleasant, IA 52641

COVID-19 Vaccine Administration Record

I am here for my: ☐ **1st Dose** ☐ **2nd Dose** ☐ **Booster**

Date first dose administered: Month _____ Day _____ Year _____

Date second dose administered: Month _____ Day _____ Year _____

Circle vaccine brand administered: Pfizer Moderna Johnson and Johnson

Section 1: Vaccine Recipient Information (Please Print)

Recipient Name: _____
Last First M.I. Maiden Name

Address: _____
Street City State Zip Code

Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female

Phone Number: _____ Primary Physician: _____

Section 2: Screening for Vaccine Eligibility

Is the person listed above immunocompromised? ☐ Yes ☐ No

Has the person listed above ever had a severe allergic reaction to any vaccination? ☐ Yes ☐ No

Has the person listed received passive antibody therapy as treatment for COVID-19? ☐ Yes ☐ No

If you have previously received the COVID-19 vaccine, did you experience hives, wheezing/respiratory distress, or anaphylaxis within 4 hours of receiving your shot? ☐ Yes ☐ No ☐ N/A

Section 3: Consent

I have read or have had explained to me the information provided in the Emergency Use Authorization (EUA) Factsheet or Vaccine Information Statement about COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be administered to me or to the person named above for whom I am authorized to make this request. **I understand the person receiving the COVID-19 vaccine should remain in the clinic for 15 minutes after the vaccination.**

Signature: _____ Date: _____

Links to the COVID-19 Vaccine EUA Fact Sheets for Recipients are included on the CDC handout you received today and hard copies of the fact sheets are available upon request.

Healthcare Provider Use Only

Date Vaccine Administered: _____ Injection Site (Deltoid): ☐ Left ☐ Right

Manufacturer: Lot #_____ Exp: _____ Administered by: _____

Iowa Wesleyan University
601 N. Main St.
Mt. Pleasant, IA 52641

Calvary Baptist Church
803 E. Maple Leaf Dr.
Mt. Pleasant, IA 52641

First Presbyterian Church
902 S. Walnut St.
Mt. Pleasant, IA 52641