



Sioux Center Health
COVID-19 Screening and Vaccine Administration Record
BOOSTER DOSE

PLEASE PRINT:

Last Name: _____ First Name: _____ DOB: _____

Address: _____ Employer: _____

Email Address: _____ Phone Number: _____

PLEASE ANSWER THESE QUESTIONS	3rd Dose	
	YES	NO
1. Do you meet eligibility requirements for the Moderna booster shot? <i>(See reverse side for details)</i>		
2. Have you previously completed the COVID-19 vaccine series, which one? (please circle) <ul style="list-style-type: none"> PFIZER MODERNA JOHNSON AND JOHNSON 		
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? Have you talked to your physician?		
6. Do you have an allergy to a component of the vaccine? <ul style="list-style-type: none"> Polyethylene glycol (found in medication such as laxatives) Polysorbate (found in some vaccines, film coated tablets, and intravenous steroids) 		
7. Have you had a serious allergic reaction or anaphylaxis to a prior vaccine or other injected medicine (intravenous, subcutaneous, or intramuscular)? (required and EpiPen or caused you to go the hospital)		
8. Are you pregnant or breastfeeding? Have you talked to your physician about this?		

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

Signature & Date:

Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY:

3rd 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

COVID-19 Vaccine Booster Information

The following groups are eligible for a booster shot at 6 months or more after their initial series:

- People 65 years or older
- People 18 years and older who reside in long-term care settings
- People aged 18 years and older with underlying medical conditions
- People aged 18 years and older who work or live in high-risk settings