



**Sioux Center Health 2020-2021
COVID-19 Screening and Vaccine Administration Record**

PLEASE PRINT:

Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Employer: _____ Phone Number: _____

Email Address: _____ Date of Birth: _____

PLEASE ANSWER THESE QUESTIONS	1 st Dose		2 nd Dose	
	YES	NO	YES	NO
1. Are you sick today?				
2. Have you previously had covid vaccine? If so, which one PFIZER MODERNA JOHNSON AND JOHNSON				
2. Have you been diagnosed with COVID in the last 10 days and are currently on isolation?				
3. Have you received monoclonal antibodies or convalescent plasma in the last 90 days for the treatment of COVID-19?				
4. Do you have HIV, other immunocompromising conditions or take immunosuppressive medication or therapies? Have you talked to your physician?				
5. 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) 				
6. 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)				
7. Are you pregnant or breastfeeding? Have you talked to your physician about this?				
8. Do you have a bleeding disorder, taking a blood thinner, or have dermal fillers?				
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. Sioux Center Health will disclose this immunization to the appropriate State Immunization Registry Database.

1st dose: Signature _____ Date: _____

2nd dose: Signature _____ Date: _____

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