



Iredell County Health Department
COVID-19 Vaccine Registration Form



Dose being administered: 1st 2nd 3rd dose/Booster- #

Vaccine Recipient or Registration Personnel complete section 1 (please print):

Print Name: First Last

Date of Birth: Age: Gender: Male Female Other:

Address: City:

State: Zip Code: County: Phone #:

E-mail: Preferred method of contact: Text (SMS) E-mail Both None

Race: Black or African American White Asian Other: Ethnicity: Hispanic or Latino- Yes No

Language spoken: English Spanish Other: Social Security #:

Allergies to any medications? Yes No- if yes, list:

Complete if receiving a 2nd, 3rd, or Booster dose:

Previous dose(s) administered by: Iredell County Health Department Other Provider

Vaccine brand received for previous dose(s): Pfizer Moderna Johnson & Johnson

Unsure of Vaccine Brand used for previous dose (s) Other: Known Known

Date of 1st dose Estimated Date of 2nd dose Estimated (Required) MM / DD / YYYY (Required) MM / DD / YYYY

Receiving 2nd, 3rd, or Booster dose: I attest that it has been the recommended length of time since my previous dose- 2nd dose- 21 days; 3rd dose- 28 days; Booster dose- 6 months: Signature

Receiving 3rd dose- I attest that I am immune compromised: Signature

If you have insurance, please provide information below. You will not be billed for any cost of the vaccine if insurance does not pay.

Insurance company: Policy number:
Group number: Subscriber:

Privacy notice given

Parent/Guardian Written Consent (required for vaccination of individuals less than 18 years of age):

X Date:

Relationship to patient: Parent Legal Guardian



Vaccinator complete **section 2:**

Females:

Pregnant? Yes No- **If yes**, explained that there are no data on the safety of COVID-19 vaccine in pregnant women. Should discuss with physician prior to vaccination if questions or concerns.

Breastfeeding? Yes No- **If yes**, explained that that there are no data on the safety of COVID-19 vaccine in breastfeeding women or on the effects on the breastfed infant or milk production/excretion. Should discuss with physician prior to vaccination if questions or concerns.

Females 18 through 49 years of age: if giving Janssen brand of vaccine, notify of the rare but increased risk of thrombosis with thrombocytopenia syndrome (TTS) after vaccination.

Males 12 through 29 years of age: inform of risk of developing myocarditis or pericarditis after receipt of mRNA vaccine (Moderna or Pfizer)

All recipients:

The following handouts were given and were reviewed by the individual/caregiver prior to vaccination:

- COVID-19 Vaccine Pre-Vaccination Screening
- Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) for COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19)
- V-safe after vaccination health checker information

Screened for potential allergy to vaccine or components of the vaccine.

If individual has a bleeding disorder or takes a blood thinner explain the increased risk for bleeding after IM vaccination. Contact physician is bleeding occurs that can't be stopped.

Encouraged to remain in observation area for 15 minutes; 30 minutes if history of an anaphylactic reaction to any vaccine or other injectable therapy.

Instructed to contact a healthcare provider immediately if symptoms of allergic reaction occur, including shortness of breath, hoarseness, wheezing, hives, paleness, weakness, elevated heart rate, or severe dizziness.

Instructed to call and report any severe adverse reactions after receiving the vaccine

Verbal consent: The benefits of vaccination and potential adverse reactions, including severe allergic reaction, have been explained to the individual/caregiver and they have provided verbal consent to have the vaccine administered. Nurse initials: _____

Administered by: _____ Title: _____

Date: _____ Time: _____ Site: RD_____ LD_____ RVL_____ LVL _____

- If first dose of Moderna vaccine, instructed to return for 2nd dose in *28 days
- If first dose of Pfizer vaccine, instructed to return for 2nd dose in *21 days

Affix Label Here with
vaccine name and manufacturer,
Lot # and Expiration Date

Complete if 3rd/booster dose:

- Current criteria met to receive booster dose 28 days after previous dose due to immune compromised condition
- Current criteria met to receive a booster dose 6 months after previous dose

***Note: If receiving the first in a 2-dose series, the second dose should be given as close as possible to the target date, but if target date is missed there is no need to restart or repeat any doses. Not to be given earlier than day 24 after the first vaccine Moderna or day 17 after the first Pfizer vaccine.**