

# Vaccine Administration Record and Screening

Information collected on this form will be used to document authorization for receipt of vaccines. The information will be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is voluntary and confidential.

Client Name: Last:

First:

Date of Birth:

Gender:

Address:

City:

Zip:

Telephone:

Email:

Ethnicity:

Race:

Questions for person receiving vaccine	
1. Are you sick today? (fever, cough, shortness of breath, nausea/vomiting in the last 24 hours)	
2. Are you currently in your isolation or quarantine period due to COVID-19?	
3. Have you ever had an observed anaphylactic reaction? If so, was it to a component of the COVID-19 vaccine, another vaccine, or an injectable (e.g., intramuscular, intravenous, or subcutaneous) therapy? List:	
4. Have you received antibody therapy or convalescent plasma for COVID treatment in the past 90 days?	
5. Have you received another vaccine in the past 14 days?	

I have been given a copy and have read, or have had explained to me, information about the diseases and the vaccine to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of receiving a vaccine approved under an Emergency Use Authorization from the FDA. I consent to receive the vaccine in a public location. I have been made aware of the appropriate time I am expected to be monitored for post-vaccination reactions based on my risk factors. **I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me, or in the case that I am a guardian, my child**

Parent Signature

Date:

For Vaccinator			
Vaccine	Site	Trade name/Manufacturer Lot Number	Expiration Date
COVID-19	RD LD	Pfizer /	
Name/Title – Person Administering Vaccine: Cindy Riniker, RN   Michelle Breuer, RN   Lisa Kennicker, RN   Pat Dearth, RN			
Date: Laura Johnson, DVM   Colleen Gibson, RN   Lori Hines, RN   Karen Reilly, RN   Kay Day, RN			

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