



Rush Copley Medical Center



Medication Administration Record

Affix Patient
Sticker Here

COVID-19 Vaccine Administration Record – General Population

Personal Information:

Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Medical Record Number: _____

I have received and read the Emergency Use Authorization Fact Sheet for Recipients and Caregivers:

☐ Yes ☐ No

I am pregnant, considering becoming pregnant within 6 months, or lactating, and I understand this vaccine was not tested on pregnant or lactating women. I also understand I may want to or have already had a discussion with my provider to review the risks and benefits of getting the COVID vaccine.

☐ Yes ☐ No ☐ N/A

I understand that if I have received any other vaccines in the past 14 days or will receive any other vaccine in the next 14 days, I should consider **not** receiving the COVID-19 vaccines at this time.

☐ Yes ☐ No

COVID-19 Vaccination Eligibility:

1. Are you currently under quarantine orders as a result of known COVID-19 exposure, or pending results of symptomatic testing? ☐ Yes ☐ No
2. Are you currently in isolation following a positive COVID-19 test? ☐ Yes ☐ No
3. Are you experiencing any COVID/ILI-like symptoms such as fever, chills, fatigue, runny nose, cough, severe headache, sore throat, body aches, shortness of breath, or new loss of taste/smell? ☐ Yes ☐ No
4. Are you under the age of 18 years? ☐ Yes ☐ No
5. Have you ever had a severe allergic reaction (e.g. anaphylaxis) or an immediate allergic reaction of any severity to a previous COVID-19 vaccine? ☐ Yes ☐ No
6. Have you ever had a severe allergic reaction (e.g. anaphylaxis) or an immediate allergic reaction of any severity to any component of a COVID-19 vaccine or to polysorbate: **For Pfizer vaccine:** mRNA, injectable lipids (polyethylene glycol, hydroxybutyl, (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), N-ditetradecylacetamide, and cholesterol) potassium chloride, potassium phosphate, sodium chloride, sodium phosphate, or sucrose. **For Moderna vaccine:** mRNA, injectable lipids (SM-102, polyethylene glycol, dimyristoyl glycerol, 1,2- distearoyl-sn-glycero-3-phosphocholine and cholesterol), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate and sucrose? ☐ Yes ☐ No
7. Have you received a monoclonal antibody infusion or convalescent plasma treatment in the past 90 days? ☐ Yes ☐ No
8. Have you ever had a severe allergic reaction (e.g. anaphylaxis) in the past? ☐ Yes ☐ No

If patient responds yes to questions 1-7 they may **NOT** receive the vaccine. If patient responds yes to question 8, they may receive the vaccine but must be observed for 30 minutes.

INTERPRETER ATTESTATION: Interpretation has been provided by _____ ☐ Phone