



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

**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. 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
- 5. 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
- 6. Have you received a monoclonal antibody infusion or convalescent plasma treatment in the past 90 days?  Yes  No
- 7. Have you ever had a severe allergic reaction (e.g. anaphylaxis) in the past?  Yes  No

If patient responds yes to questions 1-6 they may **NOT** receive the vaccine. If patient responds yes to question 7, they may receive the vaccine but must be observed for 30 minutes.

**INTERPRETER ATTESTATION:** Interpretation has been provided by \_\_\_\_\_  Phone