

COVID-19 Vaccination Patient Record

For Documentation in Vaccine Administration Management System (VAMS)

This document facilitates capture of data required for documentation in VAMS

Section I: PATIENT or PATIENT REPRESENTATIVE to complete this section

Today's Date	First Name (Print)*	Last Name (Print)*	Gender (select one)* <input type="checkbox"/> Female <input type="checkbox"/> Decline to Specify <input type="checkbox"/> Male <input type="checkbox"/> Other
Date of Birth*	Race* <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown/Not Reported	Address	
Ethnicity* <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/Not Reported		County of Residence	
Tribe of Membership		Phone	
COVID Vaccine dose: <input type="checkbox"/> 1 st dose <input type="checkbox"/> 2 nd dose <input type="checkbox"/> 3 rd dose <input type="checkbox"/> Booster dose		If 2 nd /3 rd /booster dose, enter date and facility of previous dose(s):	
COVID-19 Vaccine Prevacination Checklist completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine

Date COVID-19 vaccine administered:	Facility/Location:		
COVID-19 Vaccine Prevacination Checklist reviewed and vaccination administration deemed appropriate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Precaution identified and vaccination in an alternate setting needed			
<input type="checkbox"/> Moderna 18 years and older	<input type="checkbox"/> 1 st dose 0.5mL <input type="checkbox"/> 2 nd dose 0.5mL	<input type="checkbox"/> 3 rd dose for immunocompromised individuals 0.5mL <input type="checkbox"/> Booster dose for 18 years and older 0.25mL ← NOTE DOSE of 0.25mL	
<input type="checkbox"/> Pfizer 12 years and older	<input type="checkbox"/> 1 st dose 0.3mL <input type="checkbox"/> 2 nd dose 0.3mL	<input type="checkbox"/> 3 rd dose for immunocompromised individuals Pfizer 0.3mL <input type="checkbox"/> Booster dose for 18 years and older 0.3mL	
<input type="checkbox"/> Pfizer: Pediatrics 5 to less than 12 years		<input type="checkbox"/> 1 st dose (5 to < 12 years) 0.2mL <input type="checkbox"/> 2 nd dose (5 to < 12 years) 0.2mL	
<input type="checkbox"/> Janssen: 18 years and older		<input type="checkbox"/> 1 st dose 0.5 mL <input type="checkbox"/> Booster dose 0.5 mL	
Lot Number:	Expiration:	Administration time:	Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:
Immunization site: <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Right Thigh (peds) <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Left Thigh (peds)			
Was today's vaccination administration successful? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is it possible to reattempt administration? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(this is a default question in VAMS and is likely not applicable to most IHS/Tribal/Urban organizations that are utilizing VAMS)</i>		Was any vaccine wasted during administration? <input type="checkbox"/> Yes <input type="checkbox"/> No If vaccine wasted select reason:	
If vaccination was unsuccessful select reason: <input type="checkbox"/> Sick or fever <input type="checkbox"/> Inventory Shortage <input type="checkbox"/> No longer interested <input type="checkbox"/> Other: <input type="checkbox"/> Staffing <input type="checkbox"/> Contraindication identified <input type="checkbox"/> _____		<input type="checkbox"/> Broken Vial/Syringe <input type="checkbox"/> Vaccine drawn but not administered <input type="checkbox"/> Non-vaccine product (e.g. IG, HBIG, Dil) <input type="checkbox"/> Open vial but all doses not administered <input type="checkbox"/> Lost or unaccounted for vaccine <input type="checkbox"/> Other:	
<input type="checkbox"/> COVID vaccination documentation completed in VAMS <input type="checkbox"/> COVID vaccination documentation completed in Patient Medical Record			

Signature and Title of Vaccinator

Date