

Record of COVID vaccination provided by Wayne County

Employer/Priority Group _____

All areas of this form MUST be completed:

Name (First. Last.): _____

Birth Date: _____ **Gender (Circle One):** Male Female

Race (Check One): White African American Asian American Indian/Alaskan Native

Pacific Islander Chinese Japanese Filipino Native Hawaiian

Ethnicity (Check One): Hispanic/Latino Non-Hispanic/Latino Arab

Home Address: _____

City: _____ **State:** Michigan **Zip:** _____

Phone Number (Preferred): _____ **Cell Other** _____

Email: _____ @ _____

Insurance Provider: _____ **Member ID #:** _____

Subscriber: _____ **Group #:** _____

Health History Questions (Must Be Answered): Please Check YES or NO

	YES	NO
Are you currently sick, have fever or illness?		
Have you received any other vaccine, including flu shot, in the past 14 days?		
Have you ever received a dose of COVID-19 vaccine? If yes, which product? ... Pfizer... Moderna		
Have you ever had a SEVERE allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?		
Do you have allergies to a vaccine component or latex?		
Do you have a bleeding disorder or are you taking a blood thinner?		
Have you ever tested positive for COVID infection? If YES, When: _____		
Females: Are you pregnant or breastfeeding?		
Have you received passive antibody therapy as treatment for COVID-19?		
EUA form has been provided?		

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Vaccine Administered:

Pfizer COVID-19 0.3cc Moderna COVID-19 0.5cc Other: _____

Lot #: _____ **Site (Circle One):** LA RA **DOSE:** 1st 2nd

Signature of Vaccine Administrator: _____ **Date:** _____