Adult COVID-19 Vaccine Administration Record

Vaccine you are receiving: Moderna Bivalent Booster

I have been given a copy and read or have had explained to me the information in the Emergency Use Authorization (EUA) or Vaccine Information Statement (VIS) of the COVID-19 Vaccine to prevent Coronavirus disease 2019. I understand the benefits and risks of the vaccine and request that the immunization be given to me or the person named below for whom I am authorized to make this request.

I agree to remain at the vaccination site for at least 15 minutes following the immunization.

I also understand that the information collected on this form will be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure continuation of health care services.

Patient's Name (Last, First, Middle Initial)	Date of Birth	*** Age***	___ Male ___ Female
Maiden Name:	Email address		
Telephone Number	County		
Address	City	State	Zip
Ethnicity (check one) ___ Hispanic ___ Non-Hispanic	Race (check one) ___African American ___ Asian ___ Native American ___White ____ Other		

	Yes	No
1. I am requesting a "**booster dose**". I attest that I have read the criteria and qualify for a booster dose.		
2. Have you received a COVID-19 vaccine? If yes, last date received: _____		
3. Are you feeling sick today?		
4. Are you under 18 years of age?		
5. Have you had an allergic reaction to a vaccine or injectable therapy?		
6. Do you have any serious allergies? Please list:		
7. Do you have a history of myocarditis or pericarditis?		
8. Have you ever been diagnosed with MIS-A (multisystem inflammatory syndrome in adults)? If yes, date: _____		
9. Are you immunocompromised or on a medication that affects your immune system?		
10. Are you pregnant or breastfeeding?		

Signature of person to receive vaccine or authorized person: X_____	Date:

----------For Office Use Only----------

Date Vaccine Administered: _____

Vaccine	Site	Manufacturer	Lot Number
COVID-19	RD LD		

Signature and Title of Vaccine Administrator: _____