



Alabama Department of Public Health COVID -19 Vaccine Administration Form PATIENT INFORMATION

Form with fields: Last Name, First Name, M.I., Gender, Last 4 Digits of Social Security Number, Date of Birth, Age, Race, Street Address, Phone, City, County, State, Zip

PARENT / LEGAL GUARDIAN INFORMATION FOR DEPENDENTS

Form with fields: Last Name, First Name, Relationship to Patient, Street Address if Different, City, State, Zip, Phone, Emergency Contact

INSURANCE INFORMATION

Form with fields: Insurance Provider (check one), Group Number, Effective Date of Policy, Insurance Policy Number, Medicaid, or Medicare Number, Card Holder Name, Card Holder Date of Birth, Relationship to Patient

VACCINATION AND HEALTH-RELATED INFORMATION

Form with questions: Has the patient ever received a COVID - 19 vaccination?, Does the patient have long-term health problems with..., Has the patient had life threatening reaction to any injectable medication..., For Women: Are you pregnant or considering becoming pregnant..., Has the patient had a seizure or any other brain or other nervous system problem...

Text area for consent: I have read the Emergency Use Authorization (EUA) Fact Sheet or the VIS about the COVID - 19 virus and vaccine. I understand the benefits and risks of the COVID -19 vaccine. I give permission for the above named patient to receive the vaccine indicated...

(FOR CLINIC USE ONLY)

Form with fields: Date Vaccine and VIS Given, Type and Date of VIS or EUA Fact Sheet, Clinical Site, County Code, NCES #, Vaccine Given, Site Location, Manufacturer, Lot Number, NDC #, Site of Injection, Route IM, Nurse Signature, Date