



Pfizer

100 Polk County Plaza, Suite 180
Balsam Lake, WI 54810
(715)485-8400

2021 COVID-19 VACCINE ADMINISTRATION RECORD

Information about person to receive vaccine. (Please print)

Name: Last, First MI	Birth Date	Phone	
Address: Street	City	State	Zip
Email Address:			

Please answer these questions. If you are unsure, please discuss the question(s) with the nurse.

- Are you currently feeling sick or ill? (fever, symptoms of COVID-19, etc.?) Yes No
- Have you ever received a dose of a COVID-19 vaccine? Yes No
If yes, which vaccine? Date: _____ Johnson & Johnson MODERNA PFIZER
- Have you ever had an allergic reaction to anything that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital? It would also include an allergic reaction that caused, hives, swelling, or respiratory distress, including wheezing. Yes No
- Have you ever had an allergic reaction to a component of a COVID-19 vaccine, including any of the following:
 • Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?
 • Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids? Yes No
- Have you ever had an allergic reaction to a previous dose of COVID -19 vaccine? Yes No
- Do you have a weakened immune system (i.e., HIV infection, cancer) Yes No
- Do you have a bleeding disorder or take blood thinners including Aspirin? Yes No
- Do you take medications or have an illness that may weaken your immune system (such as chemotherapy, steroids, and injections for illnesses like Arthritis, Lupus, and Multiple Sclerosis) within the last two weeks? Yes No
- Have you been told by public health to isolate or quarantine at this time?
 • Because you were exposed or infected? Yes No
 • Because you have been tested for COVID -19 and your test results are pending? Yes No
- Have you been treated for COVID illness in the last 90 days? Yes No

I have read or have had explained to me the information in the vaccine emergency use authorization (EUA) fact sheet about COVID-19 disease and vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me, or the person named below for whom I am authorized to make this request. I also understand that the receipt of this vaccine must be recorded in the Wisconsin Immunization Registry (WIR). I have also received the Notice of Privacy Practices for the Polk County Health Department.

EUA Date: **Jun/24/2021**

Signature of person to receive vaccine or person authorized to make the request (parent or guardian).

X _____ Date _____

STOP – FOR CLINIC/OFFICE USE ONLY

Vaccine Name: Pfizer Lot/Exp Date: _____ Dose: 0.3 mL Injection Site: **RD** **LD**

Signature & Title of Vaccine Administrator: _____ Time: _____ Date: / /

