

COVID-19 VACCINE ADMINISTRATION RECORD

Office Use Only

SECTION 4 Registration Information				
Service Location	<input type="checkbox"/> 91 – MC Outreach	<input type="checkbox"/> Mount Clemens (01)	Entered in MCIR by	
	<input type="checkbox"/> 92 – SW Outreach	<input type="checkbox"/> Southwest (02)	Date Entered in MCIR	
	<input type="checkbox"/> 93 – SE Outreach	<input type="checkbox"/> Southeast (03)		

SECTION 5 Vaccine Documentation	
Vaccination Checklist	<input type="checkbox"/> Birthdate Confirmed <input type="checkbox"/> Screening Questions Reviewed <input type="checkbox"/> EUA Fact Sheet Given <input type="checkbox"/> Provided COVID-19 Vaccination Record

Vaccine	MFR	Lot Number/Dose/Volume	Site	Route
---------	-----	------------------------	------	-------

Primary Series

Covid-19 mRNA Primary	<input type="checkbox"/> Pfizer Monovalent	LOT #	<input type="checkbox"/> Right Arm (Deltoid)	<input type="checkbox"/> Right Thigh	IM
		<input type="checkbox"/> Dose 1 (30 mcg/0.3 mL dose) <input type="checkbox"/> Dose 2 (30 mcg/0.3 mL dose) <input type="checkbox"/> Additional Dose (30 mcg/0.3 mL dose)	<input type="checkbox"/> Left Arm (Deltoid)	<input type="checkbox"/> Left Thigh	
Covid-19 mRNA Primary	<input type="checkbox"/> Moderna Monovalent	LOT #	<input type="checkbox"/> Right Arm (Deltoid)	<input type="checkbox"/> Right Thigh	IM
		<input type="checkbox"/> Dose 1 (100 mcg/0.5 mL dose) <input type="checkbox"/> Dose 2 (100 mcg/0.5 mL dose) <input type="checkbox"/> Additional Dose (100 mcg/0.5 mL dose)	<input type="checkbox"/> Left Arm (Deltoid)	<input type="checkbox"/> Left Thigh	
Covid-19 adjuvant Primary	<input type="checkbox"/> Novavax	LOT #	<input type="checkbox"/> Right Arm (Deltoid)	<input type="checkbox"/> Right Thigh	IM
		<input type="checkbox"/> Dose 1 (5 µg rS & 50 µg of Matrix-M™ adjuvant/0.5 mL dose) <input type="checkbox"/> Dose 2 (5 µg rS & 50 µg of Matrix-M™ adjuvant/0.5 mL dose)	<input type="checkbox"/> Left Arm (Deltoid)	<input type="checkbox"/> Left Thigh	

Booster Dose

Covid-19 mRNA Booster	<input type="checkbox"/> Pfizer Bivalent	LOT #	<input type="checkbox"/> Right Arm (Deltoid)	<input type="checkbox"/> Right Thigh	IM
		<input type="checkbox"/> Booster Dose (30 mcg/0.3 mL dose) <small>(15 mcg original, 15 mcg Omicron BA.4/BA.5)</small>	<input type="checkbox"/> Left Arm (Deltoid)	<input type="checkbox"/> Left Thigh	
Covid-19 mRNA Booster	<input type="checkbox"/> Moderna Bivalent	LOT #	<input type="checkbox"/> Right Arm (Deltoid)	<input type="checkbox"/> Right Thigh	IM
		<input type="checkbox"/> Booster Dose (50 mcg/0.5 mL dose) <small>(25 mcg original, 25 mcg Omicron BA.4/BA.5)</small>	<input type="checkbox"/> Left Arm (Deltoid)	<input type="checkbox"/> Left Thigh	
Covid-19 adjuvant Booster	<input type="checkbox"/> Novavax Monovalent	LOT #	<input type="checkbox"/> Right Arm (Deltoid)	<input type="checkbox"/> Right Thigh	IM
		<input type="checkbox"/> Booster Dose <small>(5 µg rS & 50 µg of Matrix-M™ adjuvant/0.5 mL dose)</small>	<input type="checkbox"/> Left Arm (Deltoid)	<input type="checkbox"/> Left Thigh	

Staff Administering Vaccine	
Date	

PROGRESS NOTES