



KENDALL COUNTY HEALTH DEPARTMENT  
2020 Covid-19 VACCINE ADMINISTRATION RECORD



Public Health  
Prevent. Promote. Protect.

LAST	FIRST	MI
<b>NAME:</b> _____		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <b>PLEASE HAVE DRIVER'S LICENSE AVAILABLE</b>		
<b>ADDRESS :</b> _____		
<b>CITY/STATE/ZIP:</b> _____		
<b>BIRTH DATE:</b> _____		<b>AGE:</b> _____
<b>PHONE #:</b> _____		<b>ETHNICITY/RACE:</b> _____
<b>OCCUPATION:</b> _____		

**PLEASE CHECK THE CORRECT ANSWER TO THE FOLLOWING QUESTIONS:**

Is the person to be vaccinated sick today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has this person been diagnosed with Covid-19 in the past? If Yes; please provide date of positive test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has the person to be vaccinated ever had a serious reaction to any vaccine in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this person have any allergies to latex or egg?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this person have any health conditions? If yes, please list _____			

**"I have read or have had explained to me the information in the emergency use authorization (EUA) about the COVID vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits & risks of the vaccine & ask this vaccine be given to me or to the person named above for whom I am authorized to make this request. This information will be entered into the ICARE database. I also acknowledge that I have read (& will receive if requested) a copy of the Joint Notice of Privacy Practice." If you have any further questions, please ask at this time.**

Signature of Person To Receive Vaccine or Person Authorized to Make consent

Date EUA Provided:

X \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Verified Identity via DL

Date Given: \_\_\_\_\_

COVID-19 Vaccine: PFIZER  MODERNA  ASTRA ZENECA

Lot# \_\_\_\_\_ Expire Date: \_\_\_\_\_

Administration Site: R L Arm

Administrator Signature: \_\_\_\_\_