

## COVID-19 Vaccination Patient Record

### For Documentation in Vaccine Administration Management System (VAMS)

This document facilitates capture of data required for documentation in VAMS

#### Section I: PATIENT or PATIENT REPRESENTATIVE to complete this section

<b>Today's Date</b>	<b>First Name (Print)*</b>	<b>Last Name (Print)*</b>	<b>Gender (select one)*</b> <input type="checkbox"/> Female <input type="checkbox"/> Decline to Specify <input type="checkbox"/> Male <input type="checkbox"/> Other
<b>Date of Birth*</b>	<b>Race*</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown/Not Reported	<b>Address</b>	
<b>Ethnicity*</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/Not Reported		<b>County of Residence</b>	
<b>Tribe of Membership</b>		<b>Phone</b>	
<b>COVID dose:</b> <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose		<b>If 2<sup>nd</sup> dose, enter date and facility of 1<sup>st</sup> dose:</b>	
<b>COVID-19 Vaccine Screening Questionnaire completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>COVID-19 Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS) received?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Field required for Vaccine Administration Management (VAMS) reporting

#### Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine

<b>Date COVID-19 vaccine administered:</b>		<b>Facility/Location:</b>	
<b>COVID-19 Vaccine Screening Questionnaire reviewed and vaccination administration deemed appropriate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Precaution identified and vaccination in an alternate setting needed			
<b>COVID dose:</b> <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose	<b>COVID-19 Vaccine Manufacturer:</b> <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Pfizer <input type="checkbox"/> Johnson&Johnson <input type="checkbox"/> Novavax <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> Other:	<b>If 2<sup>nd</sup> vaccine dose, manufacturer of 1<sup>st</sup> dose:</b> <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Pfizer <input type="checkbox"/> Johnson&Johnson <input type="checkbox"/> Novavax <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> Other:	<b>Lot Number:</b> <b>Injection volume:</b> <input type="checkbox"/> 0.3mL <input type="checkbox"/> 0.5mL <b>Expiration:</b>
<b>Immunization site:</b> <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Right Thigh (peds) <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Left Thigh (peds)		<b>Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:</b> <b>Administration time:</b>	
Was today's vaccination administration successful? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is it possible to reattempt administration? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(this is a default question in VAMS and is likely not applicable to most IHS/Tribal/Urban organizations that are utilizing VAMS)</i>		Was any vaccine wasted during administration? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If vaccine wasted select reason:</b> <input type="checkbox"/> Broken Vial/Syringe <input type="checkbox"/> Vaccine drawn but not administered <input type="checkbox"/> Non-vaccine product (e.g. IG, HBIG, Dil) <input type="checkbox"/> Open vial but all doses not administered <input type="checkbox"/> Lost or unaccounted for vaccine <input type="checkbox"/> Other:	
If vaccination was unsuccessful select reason: <input type="checkbox"/> Sick or fever <input type="checkbox"/> Inventory Shortage <input type="checkbox"/> No longer interested <input type="checkbox"/> Other: <input type="checkbox"/> Staffing <input type="checkbox"/> Contraindication identified <input type="checkbox"/> _____			
<input type="checkbox"/> COVID vaccination documentation completed in VAMS <input type="checkbox"/> COVID vaccination documentation completed in Patient Medical Record			

\_\_\_\_\_  
**Signature and Title of Vaccinator**

\_\_\_\_\_  
**Date**

**Instructions for Completing COVID-19 Patient Record  
For Vaccine Documentation in Vaccine Administration Management System (VAMS)**

**Purpose of form:**

1. Captures required data for documentation of vaccination into Vaccine Administration Management System (VAMS)
2. Serves as a record of COVID-19 vaccine administered to PATIENT
3. Utilized by sites that do not have electronic health record capable of sending required HL7 message to CDC

**Form instructions:**

1. Print legibly in all fields using dark permanent ink
2. Section I, to be completed by PATIENT or PATIENT REPRESENTATIVE
3. Section II, to be completed by HEALTHCARE PROFESSIONAL who administers vaccine
4. Information from form must be electronically recorded in VAMS
  - a. Documentation in VAMS is to occur within 24 hours of vaccine administration
  - b. Vaccine administration must be documented by healthcare professional who administered the vaccine to the recipient
5. Completed form to be placed in Patient Health Record after documentation in VAMS