

COVID-19 Vaccination Patient Record

For Documentation in Vaccine Administration Management System (VAMS)

This document facilitates capture of data required for documentation in VAMS

Patient or Patient Representative to complete this section

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

*Field required for Vaccine Administration Management (VAMS) reporting

TO BE COMPLETED BY INDIVIDUAL ADMINISTERING VACCINE

Date COVID-19 vaccine administered:		Facility/Location:		
COVID-19 Vaccine Screening Questionnaire reviewed and vaccination administration deemed appropriate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Precaution identified and vaccination in an alternate setting needed				
COVID dose: <input type="checkbox"/> 1 st dose <input type="checkbox"/> 2 nd dose	COVID-19 Vaccine Manufacturer: <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:	If 2nd vaccine dose, manufacturer of 1st dose: <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:	Lot Number:	Injection volume: <input type="checkbox"/> 0.3mL <input type="checkbox"/> 0.5mL
			Expiration:	
Immunization site: <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Right Thigh (peds) <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Left Thigh (peds)		Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:		Administration time:
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 If vaccine wasted select reason: <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 to recipient
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