



## Notification of Moderna COVID-19 Vaccine Administration

**To whom it may concern,**

Henry J Austin Health Center has administered the Moderna COVID-19 vaccine to the patient listed below on. We want to ensure that you have information about the vaccines that were administered. Please sign below, confirming that you have received/read the FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER.

Patient's Name \_\_\_\_\_ Patient's Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Signature of Patient or Parent/Guardian \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Optional: Primary Care Provider (PCP) Name \_\_\_\_\_ PCP Phone \_\_\_\_\_ PCP Fax \_\_\_\_\_

PCP Address \_\_\_\_\_

- 1) Have any allergies? Y N
- 2) Have a fever? Y N
- 3) Have a bleeding disorder or are on a blood thinner? Y N
- 4) Are immunocompromised? Y N
- 5) Are on a medicine that affects your immune system? Y N
- 6) Are pregnant or plan to become pregnant? Y N
- 7) Are you breastfeeding? Y N
- 8) Have received another COVID-19 vaccine? Y N
- 9) Do you have a history of Guillian-Barre Syndrome? Y N
- 10) Had a severe allergic reaction after a previous dose of this vaccine? Y N
- 11) Had a severe allergic reaction to any ingredient of this vaccine? Y N
- 12) Did you receive any vaccine within the last 14 days? Y N

A severe allergic reaction would usually occur within a 20 minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination.

**STAFF WILL COMPLETE THE FOLLOWING:**

Date:	Admin Site: L or R	Lot:	Exp Date:
Vaccine: COVID-19	Manuf.: Moderna	Route: IM	Volume: 0.5 mL
Administering Immunizer Name & Title:		Administering Immunizer Signature:	
Preceptor if applicable:			
Prescriber: Rachael Evans, MD Address: 321 N. Warren st. Trenton NJ, 08618			