ASHLAND COUNTY HEALTH DEPARTMENT

*1763 STATE ROUTE 60 * ASHLAND, OHIO 44805 * 419-282-4357*

University Hospitals Samaritan Medical Center

VACCINATION ADMINISTRATION RECORD

Updated 04 Feb 21

Name:	Birthdate:	Age:	Sex:
Address:	City:		
State:	Zip:	Phone:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:	**YES**	**NO**
Are you feeling sick today?		
Have you ever received a dose of COVID-19 vaccine? Which? Pfizer ◯ Moderna ◯ Other ◯		
Have you ever had an allergic reaction to: (*This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with an Epi pen or that caused you to go to the hospital/ER within 4 hours causing hives, swelling, respiratory distress, including wheezing)?*		
• A component of the COVID-19 vaccine including polyethylene glycol (PEG), which is found in some medications, such as laxative and preparations for colonoscopy procedures		
• Polysorbate		
• A previous dose of COVID-19 vaccine		
Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine or an injectable medication?		
Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.		
Have you received any vaccines in the last 14 days?		
Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs?		
Have you ever had a positive test for COVID-19 or has a doctor told you that you had COVID-19?		
Have you received passive antibody therapy *(monoclonal antibodies or convalescent serum) as treatment for COVID-19?*		
Do you have a bleeding disorder or are you taking a blood thinner?		
Are you pregnant or breastfeeding?		

PLACE A CHECK OR INITIAL BESIDE EACH OF THE FOLLOWING STATEMENTS:

____ I have received and read, or had explained to me, the Vaccine Information Statement (VIS), including the benefits and risks. My questions have been answered to my satisfaction.

____ I request that this vaccine be given to me or to the person named above for whom I am guardian.

____ I grant permission for release of this record as necessary to my medical provider, other health departments, Ohio Department of Health, and the state immunization registry.

Signature: _____ Date: _____

Office Use:

Clinic Site:			Injection Site :	LD	RD	Route	IM	SQ
Date :			Name of vaccine:			Dose	0.25 ml	0.5 ml
			Dose #1	Dose #2		Lot #		
Amt Paid $_____		Unable to Pay	Company :			Manufacturer		
Cash	Check #_____	Receipt # ____	Insurance :			Nurse signature RN		
Clerk initial :			Ins #			Group #		

Please check <u>ANY & ALL</u> Target population codes that apply to you

	TPV1	Assisted Living Facility-Resident
	TPV2	Assisted Living Facility-Staff
	TPV3	Skilled Nursing Facility (RCF)-Resident
	TPV4	Skilled Nursing Facility (RCF)-Staff
	TPV5	State of Ohio DoDD Resident
	TPV6	State of Ohio DoDD Staff
	TPV7	State of Ohio Veterans Home Resident
	TPV8	State of Ohio Veterans Home Staff
	TPV9	State of Ohio MHAS Resident
	TPV10	State of Ohio MHAS Staff
	TPV11	State of Ohio DRC LTC Resident
	TPV12	State of Ohio DRC LTC Staff
	TPV13	Congregate Care Facility-Resident
	TPV14	Congregate Care Facility-Staff
	TPV15	Hospital Worker- Clinical Staff
	TPV16	Hospital Worker- Administrative Staff
	TPV17	Hospital Worker-Ancillary Staff
	TPV18	Non-Hospital Worker-Administrative Staff
	TPV19	Non-Hospital Worker-Ancillary Staff
	TPV20	Non-Hospital Worker-Clinical Staff
	TPV21	Emergency Medical Services (EMT/Paramedics)
	TPV22	Individual with congenital disorder or early onset conditions (cerebral palsy ; spina bifida ; congenital heart disease ; type 1 diabetes ; inherited metabolic disorders ; severe neurological disorders, including epilepsy ; severe genetic disorders, including Down Syndrome, fragile X syndrome, Prader-Willi Syndrome, and Turner Syndrome ; severe lung disease, including cystic fibrosis and severe asthma ; sickle cell anemia ; and alpha and beta thalassemia)
	TPV23	Individual working in K-12 schools
	TPV65	Individual over 65 years of age
	TPV70	Individual over 70 years of age
	TPV75	Individual over 75 years of age
	TPV80	Individual over 80 years of age