



Iredell County Health Department
COVID-19 Vaccine Registration Form



Vaccine Recipient or Registration Personnel complete **section 1 (please print)**:

Print Name: _____

First

Last

Date of Birth: _____ Age: _____ Gender: Male Female Other: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____ Phone #: _____

E-mail: _____ Preferred method of contact: Text (SMS) E-mail Both None

Race: Black or African American White Asian Other: _____ Ethnicity: Hispanic or Latino- Yes No

Language spoken: English Spanish Other: _____ Social Security #: _____

Allergies to any medications? Yes No- if yes, list: _____

1. Which group are you in?

- Group 1- Healthcare worker and long-term care staff and residents
- Group 2- Older adult (65 years and older)
- Group 3- Frontline essential worker*
- Group 4- Adult at higher risk for exposure and increased risk of severe illness
- Group 5- None of the above

() The CDC defines frontline essential workers as first responders (e.g., firefighters and police officers), corrections officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers.*

Please do not arrive more than 15 minutes prior to your appointment.

Appointment Date: _____
Appointment Time: _____
Location: _____

If you have insurance, please provide information below. You will not be billed for any cost of the vaccine if insurance does not pay.

Insurance company: _____	Policy number: _____
Group number: _____	Subscriber: _____

Privacy notice given



Vaccinator complete section 2:

Females:

Are you pregnant? Yes No- **If yes**, explained that there are no data on the safety of COVID-19 vaccine in pregnant women. Should discuss with physician prior to vaccination if questions or concerns.

Are you breastfeeding? Yes No- **If yes**, explained that that there are no data on the safety of COVID-19 vaccine in breastfeeding women or on the effects on the breastfed infant or milk production/excretion. Should discuss with physician prior to vaccination if questions or concerns.

All recipients:

The following handouts were given and were reviewed by the individual/caregiver prior to vaccination:

- COVID-19 Vaccine Eligibility, Contraindications, and Precautions
- Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) for COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19)
- V-safe after vaccination health checker information

Screened for potential allergy to vaccine or components of the vaccine.

Instructed not to receive another vaccine within 14 days of receiving COVID vaccine.

Encouraged to remain in observation area for 15 minutes; 30 minutes if history of an anaphylactic reaction to any vaccine or other injectable therapy.

Instructed to contact a healthcare provider immediately if symptoms of allergic reaction occur, including shortness of breath, hoarseness, wheezing, hives, paleness, weakness, elevated heart rate, or severe dizziness.

If on a blood thinner or has a bleeding disorder:

States has had IM vaccines or other injectable treatments without problems.

Physician note with approval to receive the IM vaccine attached.

Verbal consent: The benefits of vaccination and potential adverse reactions, including severe allergic reaction, have been explained to the individual/caregiver and they have provided verbal consent to have the vaccine administered. Nurse initials: _____

Administered by: _____ Title: _____

Date: _____ Time: _____ Site: RD _____ LD _____ RVL _____ LVL _____

Affix Label Here with
vaccine name and manufacturer,
Lot # and Expiration Date

If first dose of Moderna vaccine, instructed to return for 2nd dose in *28 days

If first dose of Pfizer vaccine, instructed to return for 2nd dose in *21 days

***Note: If receiving the first in a 2-dose series, the second dose should be given as close as possible to the target date, but if target date is missed there is no need to restart or repeat any doses. Not to be given earlier than day 24 after the first vaccine Moderna or day 17 after the first Pfizer vaccine.**