

Midland County Health Department Covid Vaccine Record - Please Print

Our current inventory is Moderna and Johnson & Johnson vaccine, which are both licensed for 18 and older only.

Name: _____
Last First Middle Int.

Date of Birth: _____ Age: _____ Sex: Male Female

Address: _____ Phone: (____) _____

City: _____ State: _____ County: _____ Zip Code: _____

Race/Ethnicity (circle): (Unknown) (White) (Black-African American) (American Indian-Alaskan Native) (Chinese) (Japanese) (Filipino) (Native Hawaiian) (Other Race) (Arab) (Other Pacific Islander)

White: (Unknown) (Hispanic/Latino) (Not Hispanic/Latino)

Enrolled in Private Insurance-Medicare-Medicaid

Name on Insurance Card _____

Private Insurance Name and Enrollee ID # _____

Medicare # _____

Medicaid # _____

Medical History

Yes

No

- | | | |
|--|-------|-------|
| 1. Have you had a vaccine in the last 2 weeks or plan on having a vaccine in the next 2 weeks? | _____ | _____ |
| 2. Have you ever had a reaction to an injectable vaccine or an injectable medication? | _____ | _____ |
| 3. Are you pregnant or breastfeeding? | _____ | _____ |
| 4. Are you currently Covid Positive? | _____ | _____ |
| 5. Were you treated with antibodies for Covid-19 within the past 90 days? | _____ | _____ |

ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups. COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet prioritization criteria for receipt of the vaccine.

I authorize Midland County Health Department to release information, verbally or in writing, regarding my having received vaccines, as is necessary for the authorization and payment for professional services.

I have read or have had explained to me information on the **Vaccine fact sheet**. I have had a chance to ask questions to which were answered to my satisfaction. I understand the benefits and risks of vaccines, and based on the knowledge, I request that the vaccine be given to me.

Signature _____

Date _____

.....
Date: _____ Site _____ Lot# _____ RNSignature _____

91301 **Moderna** Admin 1st dose 0011A Admin 2nd dose 0012A

91300 **Pfizer** Admin 1st dose 0001A Admin 2nd dose 0002A

91301 **Johnson & Johnson** Admin 1st dose 0031A

Pfizer Covid Vaccine Information

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE PFIZER-BIONTECH COVID-19 VACCINE? Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE PFIZER-BIONTECH COVID-19 VACCINE? FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 16 years of age and older.

WHO SHOULD NOT GET THE PFIZER-BIONTECH COVID-19 VACCINE? You should not get the Pfizer-BioNTech COVID-19 Vaccine if you had a severe allergic reaction after a previous dose of this vaccine or had a severe allergic reaction to any ingredient of this vaccine.

Moderna Covid Vaccine Information

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE?

Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE MODERNA COVID-19 VACCINE? FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE? You should not get the Moderna COVID-19 Vaccine if you had a severe allergic reaction after a previous dose of this vaccine or had a severe allergic reaction to any ingredient of this vaccine.

Janssen (Johnson & Johnson) Vaccine Information

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE JANSSEN COVID-19 VACCINE?

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE JANSSEN COVID-19 VACCINE? FDA has authorized the emergency use of the Janssen COVID-19 Vaccine in individuals 18 years of age and older.

WHO SHOULD NOT GET THE JANSSEN COVID-19 VACCINE? You should not get the Janssen COVID-19 Vaccine if you had a severe allergic reaction to any ingredient of this vaccine.