

COVID-19 VACCINE ADMINISTRATION RECORD

DES MOINES COUNTY PUBLIC HEALTH

Which vaccine are you choosing to receive today? **Pfizer / Moderna / J&J**
(Circle or check one)

Vaccine Recipient Information

Please Print

Recipient Name: _____

(Please Print) Last First M.I.

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

Phone Number: _____ Zip Code: _____

Signature: _____ Date: _____

Healthcare Provider User Only

Manufacturer	
Lot Number	
Expiration Date	
Dose	
Date Given/Time	
Injections Site	(Deltoid): <input type="checkbox"/> Left <input type="checkbox"/> Right
Administered By Name	
Wait Time	15 minutes 30 minutes

Time Out: _____