COVID-19 Vaccination Employee Record

For Vaccine Documentation in Vaccine Administration Management System (VAMS)

Section I: EMPLOYEE to complete this section

Date	**First Name** (Print)*	**Last Name** (Print)*	**Gender** (select one)* ☐ Female ☐ Decline to Specify ☐ Male ☐ Other

Date of Birth*

Ethnicity*
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown/Not Reported

Race*
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Unknown/Not Reported

Address

County of Residence

Phone

COVID Vaccine dose:
☐ 1st dose ☐ 2nd dose ☐ 3rd dose
☐ 1st booster ☐ 2nd booster

If 2nd/3rd/booster dose, enter date and facility of previous dose(s):

COVID-19 Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS) received? ☐ Yes ☐ No

☐ **Employee** ☐ **Personal Services Contractor** ☐ **Volunteer**
☐ **Resident/Student** ☐ **Independent Contractor** ☐ **Other** ______________

Facility:

Department:

Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine

Date COVID-19 vaccine administered:	**Facility/Location:**

COVID-19 Vaccine Prevaccination Checklist reviewed and vaccination administration deemed appropriate:
☐ Yes ☐ No ☐ Precaution identified and vaccination in an alternate setting needed

☐ **Moderna 18 yrs and older (RED cap)**
☐ 1st dose 100mcg/**0.5mL**
☐ 2nd dose 100mcg/**0.5mL**
☐ 3rd dose (Immunocompromised) 100mcg/**0.5mL**
☐ 1st Booster dose 50mcg/**0.25mL ← NOTE DOSE of 0.25mL**
☐ 2nd Booster dose 50mcg/**0.25mL ← NOTE DOSE of 0.25mL**

☐ **Moderna Booster 50mcg/0.5mL 18 yrs and older (BLUE cap)**
☐ 1st Booster dose 50mcg/**0.5mL**
☐ 2nd Booster dose 50mcg/**0.5mL**

☐ **Pfizer 12 yrs and older**
☐ 1st dose 30mcg/**0.3mL**
☐ 2nd dose 30mcg/**0.3mL**
☐ 3rd dose (Immunocompromised) 30mcg/**0.3mL**
☐ 1st Booster dose 30mcg/**0.3mL**
☐ 2nd Booster dose 30mcg/**0.3mL**

☐ **Janssen: 18 years and older** ☐ 1st dose **0.5 mL** ☐ 1st Booster **0.5 mL**

Lot Number:	**Expiration:**	**Administration time:**	**Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:**

Immunization site: ☐ Right Deltoid ☐ Right Thigh (peds) ☐ Left Deltoid ☐ Left Thigh (peds)

Was today's vaccination administration successful? ☐ Yes ☐ No
If no, is it possible to reattempt administration? ☐ Yes ☐ No
(this is a default question in VAMS and is likely not applicable to most IHS/Tribal/Urban organizations that are utilizing VAMS)

If vaccination was unsuccessful select reason:
☐ Sick or fever ☐ Inventory Shortage
☐ No longer interested ☐ Other:
☐ Staffing ☐ Contraindication identified
☐ ______________________

Was any vaccine wasted during administration?
☐ Yes ☐ No
If vaccine wasted select reason:
☐ Broken Vial/Syringe
☐ Vaccine drawn but not administered
☐ Non-vaccine product (e.g. IG, HBIG, Dil)
☐ Open vial but all doses not administered
☐ Lost or unaccounted for vaccine
☐ Other:

☐ COVID vaccination documentation completed in VAMS
☐ COVID vaccination documentation completed in Patient Medical Record (if IHS Form 810 is completed)

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Signature and Title of Vaccinator **Date**

Instructions for Completing COVID-19 Vaccination Employee Record
For Vaccine Documentation in Vaccine Administration Management System (VAMS)

Purpose of form:

1. Captures required data for documentation of vaccination into Vaccine Administration Management System (VAMS)
2. Serves as a record of COVID-19 vaccine administered to EMPLOYEE

Form instructions:

1. Print legibly in all fields using dark permanent ink
2. Section I, to be completed by EMPLOYEE
3. Section II, to be completed by HEALTHCARE PROFESSIONAL who administers vaccine
4. Information from form must be electronically recorded in VAMS
   a. Documentation in VAMS is to occur within 24 hours of vaccine administration
   b. Vaccine administration must be documented by healthcare professional who administered the vaccine to the recipient
5. Completed form to be placed in Employee Medical File after documentation in VAMS
6. If IHS-810 completed for disclosure to patient record, document vaccine as a historical record in RPMS