

COVID-19 Mass Vaccination Form

For documentation in RPMS EHR

Use of form is not necessary if documenting vaccine in RPMS EHR at point of service

Use of form is optional based on determined local workflow

Section I: PATIENT or PATIENT REPRESENTATIVE to complete this section

Date:	Last Name (Print):	First Name (Print):	Middle Name (Print):
Date of Birth:	Chart Number (if known):	Allergies/Adverse Drug Reactions:	<input type="checkbox"/> NONE

COVID Vaccine dose:

- 1st dose 1st booster
 2nd dose 2nd booster
 3rd dose

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

Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine

Prevaccination Checklist for COVID-19 Vaccines reviewed and vaccination administration deemed appropriate?

- Yes No Precaution identified and vaccination in an alternate setting needed

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

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

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

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

- Pfizer 1st dose (5 to < 12 yrs) 10mcg/0.2mL 3rd dose (Immunocompromised) 10mcg/0.2mL
5 to less than 12 yrs 2nd dose (5 to < 12 yrs) 10mcg/0.2mL

- 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:

Administration notes:

- Vaccine literature provided Education duration (minutes): _____
 Information given on benefits, side effects, post immunization care Education duration (minutes): _____
 Provided information on following the required schedule for vaccinations Education duration (minutes): _____
Level of Understanding: Good Fair Poor Readiness to Learn: Receptive
Comments: Other:

Assessment after injection:

- Patient left before assessment completed
 Patient assessed after 15 minutes
 No reaction noted
 Patient assessed after 30 minutes (history of anaphylaxis or reactions)
 No reaction noted

Return Date (if applicable):

- COVID vaccination documentation
completed in EHR

Signature and Title of Vaccinator

Date

Instructions for Completing COVID-19 Mass Vaccination Form for documentation in RPMS EHR

Purpose of form:

1. Capture patient vaccine information during mass vaccination events, off-site vaccination events, or during other times when it is not feasible to capture vaccination at the point of service
2. Use of form is not necessary if vaccine administration is captured in RPMS EHR at the point of service

Form instructions:

1. Print legibly in all fields using dark permanent ink
2. Section I, to be completed by PATIENT or PATIENT REPRESENTATIVE
3. Section II, to be completed by HEALTHCARE PROFESSIONAL who administers vaccine
4. Information from form is to be electronically recorded in RPMS EHR