COVID-19 Vaccination Form **PEDIATRICS Less Than 12 years**

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:** ☐ **NONE**	

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

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

Injection site: ☐ Right Deltoid ☐ Left Deltoid ☐ Right Thigh (peds 2 yrs and under) ☐ Left Thigh (peds 2 yrs and under)

Moderna Vaccines 6 months through 11 years

☐ **Moderna** (Blue Cap, Magenta border)	☐ 1st dose 25mcg/**0.25mL**	☐ 3rd dose 25mcg/**0.25mL** (Immunocompromised)
6 MONTHS through 5 years	☐ 2nd dose 25mcg/**0.25mL**	☐ **BIVALENT** booster dose 10mcg/**0.2mL (Dark Pink Cap)**
☐ **Moderna** (Blue Cap, Purple Border)	☐ 1st dose 50mcg/**0.5mL**	☐ 3rd dose 50mcg/**0.5mL** (Immunocompromised)
6 years through 11 years	☐ 2nd dose 50mcg/**0.5mL**	☐ **BIVALENT** booster dose 25mcg/**0.25mL (Gray Border)**

Pfizer Vaccines 6 months through 11 years

☐ **Pfizer** (Maroon Cap)	☐ 1st dose 3mcg/**0.2mL**	☐ **BIVALENT** dose 3mcg/**0.2mL**
6 MONTHS through 4 years	☐ 2nd dose 3mcg/**0.2mL**	
☐ **Pfizer** (Orange Cap)	☐ 1st dose 10mcg/**0.2mL**	☐ 3rd dose 10mcg/**0.2mL** (Immunocompromised)
5 years through 11 years	☐ 2nd dose 10mcg/**0.2mL**	☐ **BIVALENT** booster dose 10mcg/**0.2mL**

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 HEALTHARE PROFESSIONAL who administers vaccine
4. Information from form is to be electronically recorded in RPMS EHR