COVID-19 Vaccination Patient Record **PEDIATRICS Less Than 12 years**

For Documentation in Vaccine Administration Management System (VAMS)

This document facilitates capture of data required for documentation in VAMS

Section I: PATIENT or PATIENT REPRESENTATIVE to complete this section

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

Date of Birth*	**Race***	**Address**
Ethnicity* ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown/Not Reported	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Unknown/Not Reported	**County of Residence**
Tribe of Membership		**Phone**

COVID Vaccine dose:	**If 2nd/3rd/booster dose, enter date and facility of previous dose(s):**
☐ 1st dose ☐ 2nd dose ☐ 3rd dose ☐ Bivalent booster	

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 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:**

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

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: ☐ Contraindication identified

☐ Staffing ☐ _____

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

_____ _____

Signature and Title of Vaccinator **Date**

Instructions for Completing COVID-19 Patient 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 PATIENT
3. Utilized by sites that do not have electronic health record capable of sending required HL7 message to CDC

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 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 Patient Health Record after documentation in VAMS