



State of New Hampshire COVID-19 VACCINE ADMINISTRATION RECORD

FILL OUT THE BELOW INFORMATION AND THE SCREENING QUESTIONS ON THE BACK SIDE

A. Information About Person Who Will Receive Vaccine PRINT IN BLACK INK ONLY

LAST NAME		FIRST NAME			MI
ADDRESS		CITY/TOWN	COUNTY	STATE	ZIP CODE
PHONE	EMAIL	DATE OF BIRTH (MM/DD/YYYY)		AGE	
GENDER (CHECK ONE)		RACE (CHECK ONE OR MORE)		ETHNICITY (CHECK ONE)	
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN-AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> NOT REPORTED OR UNKNOWN <input type="checkbox"/> OTHER		<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> UNKNOWN OR DECLINE TO SPECIFY	
DOSE TO BE GIVEN (CHECK)	<input type="checkbox"/> FIRST	<input type="checkbox"/> SECOND	<input type="checkbox"/> THIRD	<input type="checkbox"/> BOOSTER	
			MUST COMPLETE SEPARATE FORM only for 5+ years old who are moderately to severely immunocompromised	only for 12+ years old who have completed primary vaccination series	

B. Privacy and NH Immunization/Vaccination Registry Notice

I understand, as a condition of receiving the COVID-19 vaccine today, my personal health information, or that of my child/ward, may be shared as allowable under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (see DHHS Notice of Privacy Practices).

I understand unless I have **SIGNED THE SEPARATE** *Choose not to Participate in the NH Immunization/Vaccination Registry* form exercising my right to opt out under NH RSA 141-C:20-f, and NH Administrative Rule He-P 307.06, and have checked the box below, my immunization information will also be entered into the NH Immunization/Vaccination Registry.

I choose **NOT** to participate in the NH Immunization/Vaccine Registry **(MUST COMPLETE SEPARATE FORM)**

C. Consent to Receive Vaccine

By signing below, I am acknowledging receipt of the FDA COVID-19 Vaccine Fact Sheet and the NH Department of Health and Human Services "Notice of Privacy Practices." I confirm the information entered on this form is correct. I **GIVE CONSENT** for myself or my child/ward to be vaccinated with the most appropriate vaccine as determined by the vaccinator.

Printed Name of Person Receiving Vaccine/Parent or Legal Guardian	Signature of Person Receiving Vaccine/ Parent or Legal Guardian	Date

CLINIC USE ONLY – ALL FIELDS MUST BE COMPLETED

Review VR info & screening questions PRIOR TO ADMINISTRATION. Keep both pages of this form together for medical record. Attach Opt Out form, as applicable.

LAST NAME:		FIRST NAME:		DOB:	
DOSE ADMINISTERED:	<input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> BOOSTER	SCRIBE:			
PRESENTATION ADMINISTERED:	<input type="checkbox"/> JANSSEN 0.5ML BLUE		<input type="checkbox"/> MODERNA 0.5 ML RED		<input type="checkbox"/> MODERNA BOOSTER 0.25ML RED
	<input type="checkbox"/> PFIZER BIONTECH 12+ YEAR OLD 0.3ML PURPLE OR GRAY		<input type="checkbox"/> PFIZER BIONTECH 5-11 YEAR OLD 0.2ML ORANGE		
LOCATION :	<input type="checkbox"/> LEFT DELTOID <input type="checkbox"/> RIGHT DELTOID <input type="checkbox"/> OTHER:				
TIME ADMINISTERED:	VACCINATOR NAME:				
LOT # , DATE ADMINISTERED, CLINIC LOCATION <small>AFFIX STICKER</small>					

DATA ENTRY USE ONLY					
<input type="checkbox"/> IN VINI/NHHS	ENTERED BY:		DATE ENTERED:		NEEDS REVIEW: <input type="checkbox"/> Yes <input type="checkbox"/> No



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VACCINE RECIPIENT TO FILL OUT THE BELOW SCREENING QUESTIONS

D. COVID-19 Medical Screening Questions

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine. If you answer "yes" to any of the questions, it does not necessarily mean you should not be vaccinated. It just means additional information may be needed. Answer the questions below for the person who is receiving the vaccine. The answers will determine which vaccine is appropriate for administration after being reviewed by medical screening staff at the clinic.

LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)			
			Yes	No	DON'T KNOW
1. Are you feeling sick today?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received a dose of a COVID-19 vaccine before? If yes, which COVID-19 vaccine product(s) were you previously given?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DOSE 1 Date: _____ <input type="checkbox"/> JANSSEN <input type="checkbox"/> MODERNA <input type="checkbox"/> PFIZER BIONTECH <input type="checkbox"/> OTHER: _____					
<input type="checkbox"/> DOSE 2 Date: _____ <input type="checkbox"/> JANSSEN <input type="checkbox"/> MODERNA <input type="checkbox"/> PFIZER BIONTECH <input type="checkbox"/> OTHER: _____					
<input type="checkbox"/> DOSE 3 Date: _____ <input type="checkbox"/> JANSSEN <input type="checkbox"/> MODERNA <input type="checkbox"/> PFIZER BIONTECH <input type="checkbox"/> OTHER: _____					
3. Did you have an allergic reaction after a prior dose of any COVID-19 vaccine? (Allergic reactions can include symptoms like rash, hives, swelling of the face or mouth, wheezing and difficulty breathing, etc.) If yes , please specify the specific vaccine AND your allergic reaction:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a known allergy to an ingredient in the COVID-19 vaccine that you will be receiving today? <i>See the provided FDA Fact Sheet for a list of vaccine ingredients</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a known allergy to polyethylene glycol (PEG)?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a known allergy to polysorbate?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had any allergic reaction within 4 hours of receiving a non-COVID-19 vaccine or other injectable medication (including medications injected into a muscle, vein, or under the skin)?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a severe allergic reaction (like anaphylaxis) due to any other cause, including to medications taken by mouth, food, or other substances?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you develop myocarditis or pericarditis after receiving a prior dose of either the Pfizer-BioNTech or Moderna COVID-19 vaccine?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a bleeding disorder or are you taking blood thinners?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the last 90 days, have you been given a COVID-19 antibody therapy to either treat COVID-19, or to prevent COVID-19 from developing after you were exposed to another person with COVID-19? (Antibody therapies include monoclonal antibodies or a blood product called "convalescent plasma")			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In the last 90 days, did you develop an immune-related health condition that caused blood clotting AND low platelet blood counts? (The most common example of this is called "heparin-induced thrombocytopenia")			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you develop a health condition called "Thrombosis with Thrombocytopenia Syndrome" (TTS) after receiving a prior dose of the Janssen or AstraZeneca COVID-19 vaccines? (People with TTS develop blood clotting and low platelet blood counts after COVID-19 vaccination)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you develop Guillain-Barré syndrome (GBS) after receiving a prior dose of the Janssen vaccine?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>