Clark County Health Department 517 Court Street, Room 105 | Neillsville, WI 54456

Phone: (715) 743-5105 | Fax: (715) 743-5115 | http://www.co.clark.wi.us/healthdepartment

COVID-19 VACCINE ADMINISTRATION RECORD

Information collected on this form will be used to document authorization for receipt of the Moderna vaccine, and will be shared through the Wisconsin Immunization Registry (WIR). Information collected on this form is voluntary and confidential.

Please answer the following questions:	**Yes**	**No**
1. Is the vaccine recipient currently experiencing a moderate or severe acute illness with or without fever?	☐	☐
2. Does the vaccine recipient have a history of severe allergy reaction (e.g. anaphylaxis) to an injectable medication?	☐	☐
3. Is the vaccine recipient immunocompromised?	☐	☐
4. Is the vaccine recipient pregnant or breastfeeding?	☐	☐
5. Has the vaccine recipient been instructed by public health to isolate or quarantine at this time, due to COVID-19 infection or exposure?	☐	☐
6. Has the vaccine recipient received passive antibody therapy for COVID-19 within the last 90 days?	☐	☐
7. Has the vaccine recipient received any other vaccine in the last 14 days?	☐	☐

8. What dose of the COVID-19 vaccine is the vaccine recipient receiving?

CIRCLE: ☐ **DOSE 1 (skip a-c below)** ☐ **DOSE 2 (complete a-c below)**

a. *If you received DOSE 1, what vaccine did you receive?* CIRCLE: ☐ **PFIZER** ☐ **MODERNA**

b. *If you received DOSE 1, what date did you receive the vaccine?* DATE: / /

c. *If you received DOSE 1, did you experience a serious reaction (e.g. anaphylaxis) to the COVID-19 vaccine or to any of its components?* CIRLCE: ☐ **YES** ☐ **NO**

Information about the person to receive influenza vaccine (please print):

Last Name: **First Name:** **M.I.** **Age:**

Date of Birth - Month: Jan Day: 01 Year: **Sex:** ☐ Male / ☐ Female / ☐ Other

Ethnicity: ☐ Hispanic / ☐ Not Hispanic **Race:** ☐ White / ☐ African American / ☐ Asian / ☐ Other

Address: Street **City** **County** **Zip Code** **Phone #**

I have been given a copy and have read, or have explained to me, the information in the Emergency Use Authorization (EUA) of the Moderna vaccine to prevent Coronavirus disease 2019. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of receiving the Moderna vaccine. I have been made aware of the appropriate time I am expected to be monitored for post-vaccination reactions based on my risk factors. I request that the Moderna vaccine be given to me or the person named below for whom I am authorized to make this request.

Signature of person to receive vaccine or authorized person:	**Date:**
X _____	

STOP - FOR CLINIC/OFFICE USE ONLY

Manufactuer: Moderna **Vaccine Name:** **Lot:** **Exp. Date:** **Dose:** **Injection Site: RD LD**

Signature & Title of Vaccine Administrator: **Date: / /**

Information for Health Professionals about the Screening Checklist for Contraindications
1. If yes, delay until symptoms have been improving for 24 hours.
2. If yes, provider consultation is required to engage in shared decision-making process. May decide to proceed with vaccination with a 30-minute post-injection observation or defer vaccination.
3. If yes, provider consult required to engage in shared decision-making.
4. If yes, provider consult required to engage in shared decision-making.
5. <u>If yes to isolation</u>, delay vaccination for symptomatic and asymptomatic positive patients until they meet criteria to discontinue isolation. <u>If yes to quarantine</u>, delay vaccination until quarantine period has ended, unless the individual resides in a congregate health care setting or is a resident of another congregate setting (e.g. correction facilities).
6. If yes, delay vaccine until 90 days has passed from therapy completion.
7. If yes, delay vaccination until 14 days from previous vaccination.
8. Dose 1: no further assessment needed. Dose 2: a. Must get 2nd dose from same manufacturer - vaccines are NOT interchangeable. b. <u>Pfizer vaccine</u> doses should be separated by 21 days. <u>Moderna vaccine</u> doses should be separated by 28 days - see details regarding <u>grace periods</u> below - Table 1. c. If yes, do not administer vaccine.

Table 1

Moderna Second Dose	Pfizer Second Dose
Two doses of vaccine are needed for protection and should be separated by 1 month. <u>Administration of the second dose within a 4-day (e.g., day 24 to 28) grace period is considered valid.</u> If >28 days have elapsed since administration of the first dose the second dose should be administered at the earliest opportunity, but the first dose does not need to be repeated.	Two doses of vaccine are needed for protection and should be separated by 3 weeks. <u>Administration of the second dose within a 4-day (e.g., day 17 to 21) grace period is considered valid.</u> If >21 days have elapsed since administration of the first dose the second dose should be administered at the earliest opportunity, but the first dose does not need to be repeated.

	Moderna	Pfizer
Age	**18+**	**16+**
Second Dose	**1 month (28 days)**	**3 weeks (21 days)**
Vaccine Efficacy	**94.1% [95% CI: 89.3%, 96.8%]**	**95.0% [95% CI: 90.3%, 97.6%]**

VACCINE COMPONENTS

MODERNA	PFIZER
A total lipid content of 1.93 mg (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), 0.31 mg tromethamine,1.18 mg tromethamine hydrochloride, 0.043 mg acetic acid, 0.12 mg sodium acetate, and 43.5 mg sucrose.	lipids (0.43 mg (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 0.05 mg 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 0.09 mg 1,2-distearoyl-sn-glycero-3-phosphocholine, and 0.2 mg cholesterol), 0.01 mg potassium chloride, 0.01 mg monobasic potassium phosphate, 0.36 mg sodium chloride, 0.07 mg dibasic sodium phosphate dihydrate, and 6 mg sucrose. The diluent (0.9% Sodium Chloride Injection, USP) contributes an additional 2.16 mg sodium chloride per dose.

OTHER

- **COVID-19 vaccines do not contain a preservative. The vial stoppers are not made with natural rubber latex.**
- **Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection.**
- **It takes 1-2 weeks following the second dose before a person is considered fully vaccinated.**
- **The need for and timing of booster doses for mRNA COVID-19 vaccines has not been established.**