

Madison Regional Health System  
COVID Vaccination Clinic Form for Minors (Please Print Clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Primary Provider name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Phone # \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Questions?	Yes	No	Don't Know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine? If so, which vaccine product? Pfizer / Moderna / Janssen			
3. Have you ever had a severe allergic reaction to something? Required treatment with Epinephrine or had to go to the hospital?			
a. *Was the allergic reaction after receiving a COVID-19 vaccine?			
b. *Was the severe allergic reaction after receiving another vaccine or another injectable medication?			
4. Do you have a bleeding disorder or are you taking a blood thinner?			
5. Have you tested positive for COVID -19 and received passive antibody therapy as treatment for COVID-19? (Bamlanivumab or Convalescent plasma infusions)			
6. Have you received any vaccine in the past 14 days? (Instruct not to get vaccines other than COVID within the next 14 days)			

For office use only below

First injection of series Priority Group \_\_\_\_\_ Date: \_\_\_\_\_  
 Consent \_\_\_\_\_ V-Safe \_\_\_\_\_ EUA given \_\_\_\_\_ Manufacturer Pfizer/Moderna/Janssen  
 Lot # \_\_\_\_\_ Vaccine expiration date \_\_\_\_\_ Injection Site \_\_\_\_\_  
 Administered by \_\_\_\_\_ Second dose schedule date \_\_\_\_\_  
 Documentation: SDIIS \_\_\_\_\_ Order entered \_\_\_\_\_ Administered on eMAR \_\_\_\_\_

Second injection of series Date \_\_\_\_\_ EUA given \_\_\_\_\_  
 Side effects of 1<sup>st</sup> dose \_\_\_\_\_ Consent \_\_\_\_\_  
 Manufacturer Pfizer/Moderna Lot # \_\_\_\_\_ Vaccine expiration date \_\_\_\_\_  
 Injection Site \_\_\_\_\_ Administered by \_\_\_\_\_  
 Documentation: SDIIS \_\_\_\_\_ Order entered \_\_\_\_\_ Administered on eMAR \_\_\_\_\_