

**MODERNA age 12 and UP COVID-19 VACCINE ADMINISTRATION RECORD**  
**SAND RUN PHARMACY**

I have read or have had explained to me the information in this pamphlet about COVID-19 and the COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be given to me or the person named below for whom I am authorized to make this request. For insurance recipients: I authorize the release of any medical information necessary to process this claim. I request payment of all insurance/government benefits to Sand Run Pharmacy. I acknowledge receipt of the HIPAA notice of privacy practice. Please stay in the general vicinity for 15 minutes after administration to be monitored for adverse reactions.

**INFORMATION ABOUT THE PERSON TO RECEIVE THE VACCINE (PLEASE PRINT):**

NAME: \_\_\_\_\_  
LAST FIRST M.I.

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: (CIRCLE ONE) M F

ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP PHONE #

1. Are you sick today ? Yes or No
2. Are you allergic to any vaccine component ? Yes or No
3. Have you ever had a severe reaction to a vaccine ? Yes or No
4. Are you experiencing any symptoms of COVID-19? Yes or No

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF PERSON TO RECEIVE VACCINE OR PERSON AUTHORIZED TO MAKE THIS  
REQUEST (PARENT OR GUARDIAN)

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE IDENTIFICATION NUMBER: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

SAND RUN PHARMACY 40 SAND RUN ROAD AKRON, OH 44313 NPI # 1528170537

DATE VACCINE ADMINISTERED: - -25 SITE OF INJECTION: L ARM R ARM

COVID-19 Moderna lot #: 3044069 0.5ml dose 25G 1" needle  
Expiration date: 6/14/2025

SIGNATURE OF VACCINE ADMINISTRATOR: \_\_\_\_\_ RPh

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Age  
12  
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up

PRX: