

**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.

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Age
12
&
up

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. Do you have any of the following conditions: bleeding disorder, on a blood thinner, immunocompromised, or pregnant? Yes or No
5. 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: _____

PRX:

DO NOT WRITE BELOW THIS LINE

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

DATE VACCINE ADMINISTERED: - -24 SITE OF INJECTION: L ARM R ARM

COVID-19 Moderna lot #: 3043152 0.5ml dose 25G 1" needle
Expiration date: 5/26/2025

SIGNATURE OF VACCINE ADMINISTRATOR: _____ RPh