

Midland County Health Department Covid Vaccine Record

*Pfizer is authorized for age 6 months & older, Moderna is authorized for 6 months & older

Legal Name: _____
Last
First
Middle Int.

Medical History	Yes	No
1. Have you ever had a reaction to an injectable vaccine or an injectable medication?	_____	_____
2. Are you pregnant or breastfeeding?	_____	_____
3. Are you currently Covid Positive?	_____	_____
4. Did you develop myocarditis or pericarditis within a month after receiving a dose of mRNA COVID-19 vaccine?	_____	_____

ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups. COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet prioritization criteria for receipt of the vaccine.

I authorize Midland County Health Department to release information, verbally or in writing, regarding my having received vaccines, as is necessary for the authorization and payment for professional services. I have read or have had explained to me information on the **Vaccine fact sheet**. I have had a chance to ask questions to which were answered to my satisfaction. I understand the benefits and risks of vaccines, and based on the knowledge, I request that the vaccine be given to me

Date: _____ Site _____ Lot# _____ RNSignature _____

91301 Moderna Admin 1st dose 0011A Admin 2nd dose 0012A Admin 3rd dose 0013A

91313 Moderna **Bivalent** Booster 18+ Admin Booster dose 0134A

91305 Pfizer Admin 1st dose 0051A Admin 2nd dose 0052A Admin 3rd dose 0053A

91312 Pfizer **Bivalent** Booster 12+ Admin Booster dose 0124A

91303 J & J Admin 1st dose 0031A Admin Booster dose 0034A

91304 Novavax Admin 1st dose 0041A Admin 2nd dose

Meets criteria for 3rd/booster dose { }