

Date: _____

Auburn University Medical Clinic
COVID-19 VACCINE DATA COLLECTION

Intake (initials): _____

Call Center Use Only		
Schedule Vaccine # 1	Date:	Time:
Schedule Vaccine # 2	Date:	Time:
Form sent to Testing Site	Yes or No	Initials:

Current Last Name:			
First Name:			
Middle Name:			
Gender (Circle One):	Male	Female	
Date of Birth:		Age:	
Last 4 of SSN:	Email:		
Ethnicity (Circle One):	Hispanic or Latino		
	Not Hispanic or Latino		
	None Specified		
Race (Circle One):	White		
	Black or African American		
	Asian		
	American Indian or Alaskan Native		
	Native Hawaiian or other Pacific Islander		
	Unknown		
	Other		
Patient's Address:			
City:		State:	
County:			
Daytime Phone:			

Where does the patient work?**Facility:****Dept:****Vaccination site:**

Completion Statement: I attest I am not experiencing any problems and I am voluntarily leaving the EAMC facility. I have **completed** my 15-minute observation time- period.

Signature for COVID-19 Vaccine #1:

Signature for COVID-19 Vaccine #2:

VACCINATOR USE ONLY First Dose				VACCINATOR USE ONLY Second Dose			
Vaccine:	COVID-19	Route:	IM	Vaccine:	COVID-19	Route:	IM
Brand:	Moderna	Dosage:	0.5mL	Brand:	Moderna	Dosage:	0.5mL
Manufacturer	Moderna	NDC Code:	80777-273-10	Manufacturer	Moderna	NDC Code:	80777-273-10
Lot Number:		CVX Code:	207	Lot Number:		CVX Code:	207
Date:	__/__/__	Adverse Reaction:		Date:	__/__/__	Adverse Reaction:	
Site Circle one:	Left Right	Vaccinator:		Site Circle one:	Left Right	Vaccinator:	
Moderna COVID-19 Vaccine Fact Sheet for Recipients: Signature that form was provided to patient							