

Date: _____

Auburn University Medical Clinic
COVID-19 VACCINE DATA COLLECTION

Intake (initials): _____

COVID Personnel Use Only				
Schedule Vaccine # 1	Date:	Time:		
Current Last Name:				
First Name:				
Middle Name:				
Gender (Circle One):	Male	Female	Age:	
Date of Birth:		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: _____

VACCINATOR USE ONLY			
Vaccine:	COVID-19	Route:	IM
Brand:	J & J	Dosage:	0.5mL
Manufacturer	Janssen Biotech	NDC Code:	59676-0580-05
Lot Number:	203A21A	CVX Code:	207
Date:	__/__/__	Adverse Reaction:	
Site Circle one:	Left Right	Vaccinator:	
<p>Jansen/Johnson & Johnson COVID-19 Vaccine Fact Sheet for Recipients:</p> <p>Signature that form was provided to patient</p>			