

COVID-19

Vaccine

Name: _____

Resident Room #: _____

Employee Department: _____

Resident Discharge Goal: Community Long Term Care Assisted Living

I have NOT Received the Vaccine but I am Interested: Yes No

Age: _____

Are you "preregistered" for the Vaccine? Yes No

If Yes, with whom? _____

First Dose of Vaccine Given: _____

Vaccine Manufacture: Pfizer Moderna Johnson & Johnson

Administering Agency: _____

Second Dose of Vaccine Given: _____

Vaccine Manufacture: Pfizer Moderna Johnson & Johnson

Administering Agency: _____