

Midland County Health Department Covid Vaccine Record - Please Print

*Pfizer is authorized for age 6 months – 4 years

*Moderna is authorized for 6 months – 5 years

Legal Name: _____
Last First Middle Int.

Date of Birth: _____ Age: _____ Sex: [] Male [] Female

Address: _____ Phone: (____) _____

City: _____ State: _____ County: _____ Zip Code: _____

Race/Ethnicity (circle): (Unknown) (White) (Black-African American) (American Indian-Alaskan Native) (Chinese) (Japanese) (Filipino) (Native Hawaiian) (Other Race) (Arab) (Other Pacific Islander)

White: (Unknown) (Hispanic/Latino) (Not Hispanic/Latino)

Enrolled in Private Insurance or Medicaid

Name on Insurance Card _____

Private Insurance Name _____

Enrollee ID # _____ Enrollee D.O.B _____

Medicaid # _____

Table with 3 columns: Medical History, Yes, No. Row 1: Have you ever had a reaction to an injectable vaccine or an injectable medication? Row 2: Are you currently Covid Positive?

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.

Signature of Parent/Guardian if younger than 18 years old _____ Date _____

Date: _____ Site _____ Lot# _____ RNSignature _____

91308 Pfizer Admin 1st dose 0081A Admin 2nd dose 0082A Admin 3rd dose 0083A
91311 Moderna Admin 1st dose 0111A Admin 2nd dose 0112A

Pfizer and Moderna Covid-19 Vaccine Information

WHAT SHOULD YOU MENTION TO YOUR CHILD'S VACCINATION PROVIDER BEFORE YOUR CHILD GETS THE VACCINE? Tell the vaccination provider about all of your child's medical conditions, including if your child:

- has any allergies
- has had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- has a fever
- has a bleeding disorder or is on a blood thinner
- is immunocompromised or is on a medicine that affects your child's immune system
- has received another COVID-19 vaccine
- has ever fainted in association with an injection

WHO SHOULD NOT GET THE VACCINE?

Your child should not get the vaccine if your child:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

WHAT ARE THE INGREDIENTS IN THE PFIZER VACCINE?

The **Pfizer COVID-19 vaccine** includes the following ingredients: mRNA, lipids (((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), tromethamine, tromethamine hydrochloride, sucrose, and sodium chloride.

WHAT ARE THE INGREDIENTS IN THE MODERNA VACCINE?

The **Moderna COVID-19 Vaccine** contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

How Many Doses are in the Primary Vaccine Series?

The **Pfizer vaccine** is administered as a 3-dose series. The initial 2 doses are administered 3 weeks apart followed by a third dose administered at least 8 weeks after the second dose.

The **Moderna vaccine** is administered as a two-dose series, 1 month apart. A third primary series dose may be administered at least 1 month after the second dose to individuals who are determined to have certain kinds of immunocompromise.