Trumbull County Combined Health District
176 Chestnut Ave NE
Warren, OH 44483
330-675-2489
Frank J. Migliozzi, MPH, REHS/RS, Health Commissioner

Covid-19 Vaccine Administration Record

This record will be kept on file at the Trumbull County Combined Health District. It acknowledges that the person has read and/or understands information about the Covid-19 vaccination.

Please Print Clearly:

First Name: _____ Last Name: _____
Date of Birth: _____ AGE: _____
Address: _____
City: _____ State: _____ Zip: _____

Gender: MALE ☐ or FEMALE ☐ Phone: _____

Race: White ☐ African American ☐ Asian ☐ Hispanic ☐ American Indian ☐ Other ☐

Please Select Appropriate Age Priority Group:

- ☐ Individuals age 80 and older
- ☐ Individuals age 70 to 74 years of age
- ☐ Individuals age 60 to 64 years of age
- ☐ Individuals age 40 to 49 years of age
- ☐ Individuals age 75 to 79 years of age
- ☐ Individuals age 65 to 69 years of age
- ☐ Individuals age 50 to 59 years of age
- ☐ Individuals age 16 to 39 years of age

1.	Are you Sick Today? (Fever, Congestion, etc.)	NO	YES
2.	Have you been diagnosed with Covid-19 in the past 30 days	NO	YES
3.	Are you Pregnant?	NO	YES
4.	Are you Breastfeeding?	NO	YES
5.	Have you ever had an allergic reaction to an immunization?	NO	YES
6.	Do you have a history of Anaphylaxis? (Severe Allergic reactions)	NO	YES

IF YES PLEASE EXPLAIN:

_____

I have received a copy and have read or had read to me the information contained in the appropriate Vaccine Information Statement(s) or EUA in my primary language about the disease(s) and vaccine(s) checked above. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) indicated on this record be given to me or the person named above for whom I am authorized to make this request. I also grant permission for this record to be released to medical providers, health departments, schools, daycare centers, community and state immunization registry databases.
I have seen or received a copy of the Notice of Privacy Practices for The Trumbull County Combined Health District and have had a chance to ask any questions concerning this.

Patient/Parent/Guardian Signature_____ Date_____

Clinic Use Only:

Clinic Name: Trumbull County Combined Health District Clinic **Vaccine Manuf.:**

Address: 176 Chestnut Ave. NE, Warren, Ohio 44483 **Exp. date:**

Date administered: **Lot No#:**

Injection Site: LA RA **Administered by:**

4/2/2021