



Public Health
Prevent. Promote. Protect.

Trumbull County

Trumbull County Combined Health District

176 Chestnut Ave NE
Warren, OH 44483
330-675-2489

Frank J. Migliozi, MPH, REHS/RS, Health Commissioner

Warren City Health District

258 E. Market St
Warren, OH 44481
330-841-2541

John May, Deputy Health Commissioner



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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 and has seen or received a copy of the patient privacy act.

Please Print Clearly:

First Name: _____ Last Name: _____

Date of Birth: _____ AGE: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: MALE or FEMALE Phone: _____

- | | | |
|--|----|-----|
| 1. Are you Sick Today? (Fever, Congestion, etc.) | NO | YES |
| 2. Have you been diagnosed with Covid-19 in the past 14 days | NO | YES |
| 3. Are you Pregnant or Breastfeeding? | NO | YES |
| 4. Have you ever had an allergic reaction to an immunization? | NO | YES |
| 5. 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:	Vaccine Manuf.: Moderna
Address:	Exp. date:
Date administered:	Lot No#:
Injection Site: LA RA	Administered by:

OFFICE: (330) 675-2489 * FAX: (330) 675-2494 * CLINIC FAX: (330) 675-7875

...Building a Healthy Community

SECTION 2: INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please check only one box in the section below. Please select the primary reason you are receiving the COVID-19 vaccine.

TARGET POPULATION/OCCUPATION:

- | | |
|---|---|
| <input type="checkbox"/> Assisted Living Facility – Resident | <input type="checkbox"/> State of Ohio Dept. of Rehabilitation & Correction – LTC staff |
| <input type="checkbox"/> Assisted Living Facility – Staff | |
| <input type="checkbox"/> Skilled Nursing Facility (RCF) – Resident | <input type="checkbox"/> Congregate Care Facility – Resident |
| <input type="checkbox"/> Skilled Nursing Facility (RCF) – Staff | <input type="checkbox"/> Congregate Care Facility – Staff |
| <input type="checkbox"/> State of Ohio Dept. of Dev. Disabilities (DODD) – Resident | <input type="checkbox"/> Hospital worker – Clinical Staff |
| <input type="checkbox"/> State of Ohio Dept. of Dev. Disabilities (DODD) – Staff | <input type="checkbox"/> Hospital worker – Administrative Staff |
| <input type="checkbox"/> State of Ohio Veterans Home – Resident | <input type="checkbox"/> Hospital worker – Ancillary Staff |
| <input type="checkbox"/> State of Ohio Veterans Home – Staff | <input type="checkbox"/> Non-Hospital healthcare worker – Administrative Staff |
| <input type="checkbox"/> State of Ohio Mental Health and Addiction Services (MHAS) – Resident | <input type="checkbox"/> Non-Hospital healthcare worker – Ancillary Staff |
| <input type="checkbox"/> State of Ohio Mental Health and Addiction Services (MHAS) – Staff | <input type="checkbox"/> Non-Hospital healthcare worker – Clinical Staff |
| <input type="checkbox"/> State of Ohio Dept. of Rehabilitation & Correction – LTC residents | <input type="checkbox"/> Emergency Medical Services (EMTs/Paramedics) |