RECORD of COVID-19 VACCINATION
PROVIDED by DEARBORN FIRE DEPARTMENT

All AREAS OF THIS FORM MUST BE COMPLETE

Are you a City of Dearborn Employee? Yes ☐ No ☐ If yes, List Department: _____

Client First & Last Name: _____

Females: List your maiden name if it has been changed within the past 10 years: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Other Phone Number: _____

Date of Birth: _____/_____/_____ Gender (Circle One): Male Female

Email: _____

Health History Questions (Must be answered): Check Yes or No

		YES	NO
1	Are you currently sick? Do you have fever or illness?		
2	Have you received any other vaccine, including the flu shot, in the past 14 days?		
3	Have you received a dose of COVID-19 Vaccine? If yes, which product? Circle one: **Pfizer** or **Moderna**		
4	Have you had a SEVERE allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?		
5	Do you have any allergies to a vaccine component or latex?		
6	Do you have bleeding disorder?		
7	Are you taking a blood thinner?		
8	Have you ever tested for COVID-19 Virus? If yes, when? List date: / /		
9	For Females: Are you pregnant or breastfeeding?		
10	Have you received passive antibody therapy as treatment for COVID-19 Virus?		
11	The Emergency Use Authorization Form has been provided?		

---------- **DO NOT WRITE BELOW THIS LINE** ----------

Vaccine Administered (Check one):

☐ **Pfizer COVID-19 (0.3 cc) Lot #: _____ Site** (Circle One)**:** LA RA **Route: _____**

☐ **Moderna COVID-19 (0.5 cc) Lot #: _____ Site** (Circle One)**:** LA RA **Route: _____**

First & Last Name of Vaccine Administrator: _____

Signature of Vaccine Administrator: _____ Date: ____/____/_____