

COVID-19 VACCINE ADMINISTRATION RECORD (VAR)

Information About Person Receiving Vaccine:				LAST 4 of Social Security Number:	
First Name: (Print)	Middle Name:	Last Name:		Mothers Maiden:	
DOB:	Age:	Gender:	Race:	Ethnicity:	
Name (Parent or Guardian if applicable)			Phone (Include area code)	Cell Phone (include area code)	
Address:		City:	State:	Zip:	
County:		Email:			
<p>Prior to administration of the vaccine(s) indicated below, a copy of the Emergency Use Agreement Fact Sheet and a Vaccine Information Statement for each vaccine was provided to me. I was given the opportunity to ask questions regarding the EUA and the vaccine(s) and agree to its administration.</p> <p>Signature of Parent/Guardian or adult vaccine recipient _____</p>					
FOR CLINIC USE ONLY					
<p>Prior to administration of the vaccine(s) indicated below, a copy of the Emergency Use Agreement Fact Sheet and a Vaccine Information Statement was provided to the client or representative for whom the vaccine was administered. The client or his/her representative was given the opportunity to ask questions regarding the EUA and the vaccine(s).</p>					
Clinic:		Date Vaccinated:		Signature & Title of Vaccine Administrator:	
University of Mississippi				PharmD	

Vaccine: COVID-19	
JNJ	_043A21A_
Manufacturer	Lot Number
LA _RA_	_IM_
Injection Site	Route
VIS Pub Date _4/23/2021_	Dose 1 2 3

Vaccine: _____	
_____	_____
Manufacturer	Lot Number
_____	_____
Injection Site	Route
VIS Pub Date _____	Dose 1 2 3

Vaccine: _____	
_____	_____
Manufacturer	Lot Number
_____	_____
Injection Site	Route
VIS Pub Date _____	Dose 1 2 3

Vaccine: _____	
_____	_____
Manufacturer	Lot Number
_____	_____
Injection Site	Route
VIS Pub Date _____	Dose 1 2 3