

# COVID-19 VACCINE ADMINISTRATION RECORD (VAR)

Information About Person Receiving Vaccine:				<b>LAST 4 of Social Security Number:</b>	
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:		

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.

Signature of Parent/Guardian or adult vaccine recipient \_\_\_\_\_

### FOR CLINIC USE ONLY

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).

Clinic:	Date Vaccinated:	Signature & Title of Vaccine Administrator:
<b>University of Mississippi</b>		<b>PharmD</b>

Vaccine: <b>COVID-19</b>	
<b>JNJ-Janssen</b> Manufacturer	<b>204A21A</b> Lot Number
<b>LA RA</b> Injection Site	<b>IM</b> Route
VIS Pub Date <b>10/20/2021</b> Dose <b>1 2 3</b>	

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

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