Immunization Information System Data Requirement Form

COVID-19 Vaccine Administration

This form can be used in the rare instances when you are unable to access your jurisdiction's IIS due to technical issues or lack of internet access. When possible, information should always be captured electronically to avoid the least number of possible mistakes when transcribing.

However, this form may be printed to capture information manually. Vaccination providers are required to report vaccination administration information within 72 hours of administration. This information should be entered as soon you are able to access your jurisdiction's IIS or VAMS.

Recipient Information

ID _____

First Name _____

Middle Name (optional) _____

Last Name _____

Date of Birth _____

Sex Male Female Unknown

Insurance Information (Optional) _____

Insurer _____

Primary insurance holder _____

Group/Individual ID number _____

Address

Street 1 _____

Street 2 _____

City _____

County _____

State _____

Zip Code _____

Race *(select all that apply)*

☐	American Indian/Alaskan Native
☐	Asian
☐	Native Hawaiian or Pacific Islander
☐	Black/African American
☐	White
☐	Other Race
☐	Unknown
☐	Unable to report

Ethnicity *(select all that apply)*

☐	Hispanic or Latino
☐	Not Hispanic or Latino
☐	Unknown
☐	Unable to report

Vaccine Information

Type	Product	Date Administered	Manufacturer	Lot Number	Expiration Date *mmddyyyy*	# Wasted
			MODERNA US INC.	021C21A	10/21/2021	

Administration Site	Administration Route
LA (Left arm)	IM
RA (Left arm)	C28161 (Intramuscular)
LE (lower extremity) Left Right	

Dose Number		**Missed Appointment**	Y/N	**Comorbidity**	Y/N
Refused Vaccination	Y/N	**If Yes, Reason**			
Vaccinator		**Received EUA Fact Sheet for Recipients**	Y/N		