



NEW HANOVER COUNTY

PUBLIC HEALTH

1650 Greenfield Street, Wilmington, NC 28401
P: (910) 798-3500 | F: (910) 798-7834 | NHCgov.com

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VACCINATION ADMINISTRATION WORKSHEET

*** Required Fields/Please Print Information**

*Recipient First Name: _____

*Recipient Last Name: _____

*Recipient Date of Birth: ____/____/____
Month Day Year

*Recipient Email: _____

*Recipient Address: _____

*City _____ *County _____ *State _____ *Zip Code _____ *Country _____

*Recipient Race: Asian Black/African American American Indian or Alaskan Native White Other Race

*Recipient Ethnicity: Not Hispanic or Latino Hispanic or Latino *Recipient Gender: Male Female Unknown

*Preferred Method of Contact: Email None

Please Answer the Following:

*Is the recipient an Essential Frontline Worker (e.g., Police, Food Processing, Teacher)? No Yes **Employer Name Required, if Yes:** _____

*Does the recipient reside or work in a long term care facility? No Yes **Facility Name required, if Yes** _____

*Is the recipient part of a state or federal recognized tribal nation: No Yes **Community Name required, if Yes** _____

*How many conditions known to increase risk of severe illness from COVID-19 does the recipient have?

___ None ___ One ___ Two or More

Conditions shown below:

*Asthma (moderate-to-severe) *Neurologic conditions (e.g., dementia) *Cancer *Overweight (BMI > 25 kg/m2, but < 30 kg/m2)

*Cerebrovascular disease *Obesity (BMI of 30 kg/m2 or higher, but < 40 kg/m2) *Chronic kidney disease *Severe Obesity (BMI ≥ 40 kg/m2)

*COPD (chronic obstructive pulmonary disease) *Pregnancy *Cystic fibrosis *Pulmonary fibrosis

*Heart conditions (e.g., heart failure, coronary artery disease, cardiomyopathies) *Sickle cell disease *Hypertension or high blood pressure

*Smoking *Immunocompromised *Thalassemia *Liver disease *Type 1/Type 2 diabetes mellitus

For additional information on conditions: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

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DISCLOSURE STATEMENT: Life threatening allergic reactions to vaccines are very rare. Signs of a serious allergic reaction include: shortness of breath, hoarseness of wheezing, hives, paleness, weakness, elevated heart rate, or severe dizziness. These symptoms may occur within a few minutes or up to 48 hours after the vaccination. If the recipient is experiencing any of these symptoms, the recipient has been instructed to contact a healthcare provider immediately.

_____ ***VERBAL CONSENT: The recipient or legal guardian has been provided the benefits and potential adverse reactions, and provides consent to receive the vaccine.**

