

TO BE COMPLETED BY PHARMACIST ONLY

VACCINE TO BE ADMINISTERED

Pfizer and BioNTech (1st vaccination)

Moderna (1st vaccination)

Other: _____ (1st vaccination)

Pfizer and BioNTech (2nd vaccination)

Moderna (2nd vaccination)

Other: _____ (2nd vaccination)

Date of 1st vaccination: ____/____/____
(DD/MM/YYYY)

Date of 1st vaccination: ____/____/____
(DD/MM/YYYY)

Date of 1st vaccination: ____/____/____
(DD/MM/YYYY)

VACCINE ADMINISTRATION INFORMATION

VACCINE : _____

ROUTE : _____

SITE : _____

LOT # _____

EXPIRATION : _____

EAU DATE : 12 / 2020

SIGNATURE : _____

RX LABEL AREA ONLY

FORM COMPLETED BY _____

DATE _____

FORM REVIEWED BY _____

DATE _____