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.

### Insurance Information (Optional)

**Insurer**

**Address**

**Street 1**

**Street 2**

**City**

**County**

**State**

**Zip Code**

### Recipient Information

**ID**

**First Name**

**Middle Name (optional)**

**Last Name**

**Date of Birth**

**Sex**  Male  Female  Unknown

**Primary insurance holder**

**Group/Individual ID number**

### 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

<table>
<thead>
<tr>
<th>Type</th>
<th>Product</th>
<th>Date Administered</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th>Expiration Date</th>
<th># Wasted</th>
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<tbody>
<tr>
<td>Administration Site</td>
<td>Administration Route</td>
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</tr>
<tr>
<td>LA (Left arm)</td>
<td>C28161 (Intramuscular)</td>
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<tr>
<td>RA (Left arm)</td>
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<td></td>
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<tr>
<td>LE (lower extremity)</td>
<td>Left</td>
<td>Right</td>
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</table>

<table>
<thead>
<tr>
<th>Dose Number</th>
<th>Missed Appointment</th>
<th>Comorbidity</th>
<th>Received EUA Fact Sheet for Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

**Refused Vaccination**  Y/N

**If Yes, Reason**

**Vaccinator**

**Missed Appointment**  Y/N

**Comorbidity**  Y/N

**Received EUA Fact Sheet for Recipients**  Y/N