Instructions for Completing the Staff Vaccine Administration Record for COVID-19

Introduction: Accurately tracking vaccine administration is key to maintaining the health and well-being of nursing home staff. This document can be used electronically or as a paper tool to help collect, record and file necessary information on staff COVID-19 vaccinations. Follow the steps below to complete the record for each staff member.

1. Add facility and staff member information:
   a. Print the staff member’s full name and date of birth (Month/Day/Year) at the top of the form.
   b. Print the facility name in the space provided.
   c. Document that vaccine education was provided. Enter the date and initials of the staff member providing the information.

2. Document vaccine administration:
   a. Place an X in the box next to the manufacturer of the vaccine. If the manufacturer is not listed, place an X in the box next to “Other” and print the manufacturer’s name.
   b. Place an X in the box to indicate if this is the staff member’s 1st or 2nd dose of the vaccine.
   c. If the staff member declined vaccination, indicate the dose declined by placing an X in the box associated with the dose and document the date declined.
   d. Print the lot number of the vaccine and diluent (if available) as it appears on the vial in the space provided.
   e. Print the date the vaccine was given in the space provided (Month/Day/Year).
   f. Place an X in the box to describe the location on the body (left arm or right arm) where the vaccine was administered.

3. If applicable, document contraindication to vaccine:
   a. If the staff member has a history of reacting to a COVID-19 vaccine or other vaccine, or a history of reacting to ingredients in vaccines (like polysorbate or polyethylene glycol) the vaccine may be contraindicated for the staff member. Briefly describe (to the best of your ability) the known contraindication to the vaccine in the space provided.
   b. The staff member should be referred to an allergist or immunologist to provide evaluation before receiving the vaccine.

4. If applicable, record adverse event (reaction) to current vaccine administration:
   a. If there is a reaction to the COVID-19 vaccine, briefly describe in the space provided.
   b. Discomfort associated with breathing, or other symptoms (not present prior to receiving the vaccine) must be reported immediately to appropriate personnel and addressed per facility guidelines. Call 911 if the need for medical attention immediate and on site emergency medical assistance should be initiated by nursing home staff.
5. If applicable, document that the COVID-19 vaccine was received at another location:
   a. If the staff member received a COVID-19 vaccine at a location other than the nursing home
      where the staff member is currently working, print the type of setting (health department, hospital,
      doctor’s office, etc.) where the vaccine was administered in the space provided.
   b. Print the manufacturer of the vaccine and the date the COVID-19 vaccine was administered
      (Month/Day/Year) in the space provided.

6. Complete vaccine tracking section:
   a. The person(s) assigned by each facility to perform vaccine tracking completes the information at
      the bottom of the Staff Vaccine Administration Record for COVID-19.
   b. If the staff member has a history of COVID-19 laboratory-confirmed SARS-CoV-2 infection, place
      an X in the box indicating the staff member’s positive result.
   c. Place the date (Month/Day/Year) of the most recent positive result in the space provided.
   d. Validate the presence of a completed COVID-19 vaccination consent form in the staff member’s
      record by placing an X in the box.