



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Instructions for Completing the Staff COVID-19 Vaccine Administration Record

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:

- Print the staff member's full name and date of birth (Month/Day/Year) at the top of the form.
- Print the facility name in the space provided.
- Validate the presence of a completed COVID-19 vaccination consent form in the staff member's record by placing an X in the box.
- Document that vaccine education was provided. Enter the date and initials of the staff member providing the information.

2. Document vaccine administration:

- 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.
- Place an X in the box to indicate if this is the staff member's first or second dose of the vaccine.
- 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.
- If you administer the vaccine, print the lot number of the vaccine and diluent (if available) as it appears on the vial in the space provided.
- Print the date the vaccine was given in the space provided (Month/Day/Year).
- Place an X in the box to describe the location on the body (left arm or right arm) where the vaccine was administered.

3. Document additional primary doses or booster vaccine administration:

- Print the vaccine manufacturer's name in the appropriate box (additional primary doses or boosters).
- If the staff member declined vaccination, place an X in the box associated with the dose and document the date declined.
- If you administer the vaccine, print the lot number of the vaccine and diluent (if available) as it appears on the vial in the space provided.
- Print the date the vaccine was given in the space provided (Month/Day/Year).
- Place an X in the box to describe the location on the body (left arm or right arm) where the vaccine was administered.

Refer to the [CDC's website](#) for current recommendations on who should receive an additional dose versus a booster dose of the COVID-19 vaccine.



4. 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 has 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.

5. If applicable, record adverse event (reaction) to current vaccine administration:

- a. If there is a reaction to the COVID-19 vaccine, briefly describe it in the space provided. Review the [Vaccine Adverse Event Reporting System \(VAERS\)](#) and follow reporting directions as appropriate.
- 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 is immediate. Nursing home staff should initiate on-site emergency medical assistance.

6. 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.

7. 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 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.