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RMC/JSU HEALTH CENTER MODERNA mRNA-1273
COVID-19 VACCINE DATA SHEET

Patient Information (Please Print Clearly):

Last Name: _____ First Name: _____

Maiden Name: _____

Gender: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

(Cell phone if available)

Ethnicity: _____ Hispanic _____ Non-Hispanic

Race: _____ White _____ African American _____ Asian _____ American Indian _____ Other

Vaccine Information:

Is this your first or second dose? _____ First Dose _____ Second Dose

Did you receive your first dose through RMC? _____ Yes _____ No

Risk for Exposure:

Employer: _____ Occupation: _____