Instructions for Completing the Resident COVID-19 Vaccine Administration Record

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

1. Add resident and facility information:
   a. Print the resident’s full name and the facility name at the top of the form.
   b. Print the resident’s unit and room number in the space provided.
   c. Print the resident’s date of birth (Month/Day/Year) in the space provided.
   d. Print the resident’s admission date in the space provided and the discharge date, if applicable.
   e. Validate the presence of a completed COVID-19 vaccination consent form in the resident’s record by placing an X in the box.
   f. Document that vaccine education was provided to the resident or responsible party prior to vaccination. Enter the date and staff member initials in the space provided.

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 resident’s first or second dose of the vaccine.
   c. If the resident or responsible party declined vaccination, indicate the dose the resident declined by placing an X in the box associated with the dose and document the date declined.
   d. 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.
   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. Document additional primary dose (third dose) or booster vaccine administration as applicable:
   a. Print the vaccine manufacturer’s name in the appropriate box (additional primary dose or booster).
   b. If the resident or responsible party declined vaccination, place an X in the box associated with the dose and document the date declined.
   c. 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.
   d. Print the date the vaccine was given in the space provided (Month/Day/Year).

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.
e. Place an X in the box to describe the location on the body (left arm or right arm) where the vaccine was administered.

4. If applicable, document contraindication to vaccine:
   a. If the resident 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 resident. Briefly describe (to the best of your ability) the known contraindication to the vaccine in the space provided.
   b. Refer the resident to an allergist or immunologist who can provide details about 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. Immediately report a resident’s discomfort associated with breathing or other symptoms not present prior to receiving the vaccine to supervisors and other healthcare providers participating in the resident’s care. 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 resident received a COVID-19 vaccine at a location other than the nursing home where the resident is currently, 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 Resident Vaccine Administration Record for COVID-19.
   b. If the resident has a history of laboratory-confirmed SARS-CoV-2 infection, place an X in the box indicating the resident’s positive result.
   c. Place the date (Month/Day/Year) of the most recent positive result in the space provided.