**CT HMIS COVID-19 Vaccinations Form**

***Instructions: Use this form to collect/enter COVID-19 Vaccination data into CT HMIS***

**Information Collection Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Name (First and Last):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Associated HMIS Program Enrollment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccination Status:**

🞎 **Client Refused**Date client refused: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **No Vaccination**Dose 1 – Date Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **Partial Vaccination\***🞎 **Vaccination Complete\***

**\*Vaccination Information***(Complete if Status is Partial Vaccination or Vaccination Complete)*

**Covid 19 Vaccine*:***

🞎 Johnson & Johnson – JNJ-78436735 – 1 Shot

🞎 Moderna – Mrna-1273 – 2 Shots, 28 days apart

🞎 Pfizer-BioNTech – BNT162B2 – 2 Shots, 21 days apart

**COVID Immunization Information System (IIS) recipient ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Dose 1 Information**  Date Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location Administered:  🞎 Community Clinic  🞎 Hospital  🞎 On-Site Congregate Housing  🞎 Pop-Up Site  🞎 Retail Pharmacy  🞎 Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Dose 2 Information**  Date Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location Administered:  🞎 Community Clinic  🞎 Hospital  🞎 On-Site Congregate Housing  🞎 Pop-Up Site  🞎 Retail Pharmacy  🞎 Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |