Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

2025-26 COVID-19 Vaccine

Age 5-11 Dose Administration Tool

CLIENT INFO		
LAST NAME		**FIRST NAME**
DOB YYYY/MM/DD	**AGE**	**HEALTH CARD NUMBER**
EMAIL ADDRESS		

FOR CLINIC USE ONLY

PREVIOUS VACCINATION		
PREVIOUS VACCINE NAME:	**# DAYS SINCE LAST DOSE:**	**TODAY'S DOSE #:**

PRE-SCREENING QUESTIONS		
1. Do you have a severe illness with or without fever today?	**YES**	**NO**
2. Have you tested positive for COVID in the past 3 months?	**YES**	**NO**
3. Have you had an allergic reaction to: a. Any previous vaccines (COVID or routine) b. Injectable medications c. PEG or tromethamine?	**YES**	**NO**
4. Do you have any previous history of: a. Myocarditis or pericarditis b. Multisystem Inflammatory Syndrome in Children (MIS-C)	**YES**	**NO**
5. Do you have a weakened immune system or are you taking Immunosuppressant medications or treatments?	**YES**	**NO**
6. Do you have a bleeding disorder or take blood thinning medications?	**YES**	**NO**
7. Do you have a history of fainting or have a fear of needles?	**YES**	**NO**

COMMENTS	PREVIOUS AEFI

DOSE ADMINISTERED

VACCINE	DOSE	SITE	ROUTE	LOT#/EXPIRY	DATE&TIME	GIVEN BY
Moderna	0.25 ml (25 mcg)	Left **or** Right Deltoid	IM	YYYY/MM/DD		
VACCINE	**DOSE**	**SITE**	**ROUTE**	**LOT#/EXPIRY**	**DATE&TIME**	**GIVEN BY**
Pfizer	0.3 ml (10 mcg)	Left **or** Right Deltoid	IM	YYYY/MM/DD		

☐ **Verbal Consent Obtained from Parent, Legal Guardian, or Substitute Decision Maker**

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(FIRST AND LAST NAME OF LEGAL GUARDIAN **(RELATIONSHIP TO CLIENT)**

☐ **Dose Administered in COVax**