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

2025-26 COVID-19 Vaccine

Age 6 months - 4 years 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 an illness with 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 (25mcg)	Left **OR** Right ○ **Deltoid** ○**Vastus Lateralis**	IM		YYYY/MM/DD	

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

_____ _____

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

☐ **Dose Administered in COVax**