

GETTING COVID-19 VACCINE REGISTRATION FORM

1. ADMINISTRATIVE INFORMATION

Fullname of registrant:

Sex:

Date of birth:

ID Card No.:

Health Insurant No.:

Phone number:

Email:

Current Address: + Hamlet/Quarter/No/Civil Group + Ward, Commune, Town + District + Province/City

Career:.....**At:**.....

2. REGISTERED INFORMATION

Registration Place: +commune/ward -> Vaccinated Place in commune,ward

Registration Time: + date -> vaccinated time

Registration for covid 19 vaccine: 1st shot 2nd shot

3. DECLARE HEALTH STATUS BEFORE VACCINATION AGAINST COVID-19

	No	Yes
1. Anamnesis of anaphylaxis grade 2 or higher (If any, type of allergen)		
2. Anamnesis of COVID-19 within 6 months		
3. Anamnesis other vaccinations in the last 14 days (If any , type of vaccine...)		
4. Anamnesis of immune suppression, terminal cancer, splenectomy, immunosuppressive medication, high dose corticosteroids (equivalent to or more than 2mg prednisolone/kg/day for at least 7 days) (if available with prescription) drugs to the vaccination point for medical staff to check and screen when they come to vaccinate at the injection site)		
5. Anamnesis of ongoing chronic disease (If any, type of disease:) if any, bring prescriptions to the vaccination site for medical staff to screen when they come to vaccinate at the injection site)		
6. Acute illness (If any , type of disease : if any , bring prescriptions to the injection site for medical staff to check and screen when immunizing at the injection site)		
7. Pregnant women who are breastfeeding		
8. Age: >=65 years old		
9. Anamnesis of bleeding disorders or taking anticoagulants		
10. Abnormal signs of life (specify) Temperature : • Degrees: - C • Pulse : times / min • Blood pressure : mmHg • Breathing rate : times / min • SpO2 : % (if any)		
11. Abnormal signs of auscultation		
12. Consciousness disturbance		
13. Have you been vaccinated against COVID-19? (if any , number of injectionstype of vaccine)		
14. Reaction after vaccination against COVID - previous time (describe clearly to medical staff for screening examination when come to injection site)		