

Vaccination Downtime Procedure

Patient name

DOB

MRN

Date

Time

Screening questions reviewed	YES	NO
Vaccine accepted	YES	NO
Pfizer vaccine card received	YES	NO
MSHS employee	YES	NO
If yes, which site		
Pfizer fact sheet received	YES	NO
Patient understands this is not an FDA-approved vaccine	YES	NO
Vaccinator name		
Location of injection: Deltoid IM	RIGHT	LEFT
Lot number		
Manufacturer	Pfizer	

Vaccinator signature

