

# Prevaccination Checklist for COVID-19 Vaccination



## For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Name \_\_\_\_\_

Age \_\_\_\_\_

	Yes	No	Don't know
1. Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received a dose of COVID-19 vaccine? <ul style="list-style-type: none"> <li>If yes, which vaccine product(s) did you receive?  <input type="checkbox"/> Pfizer-BioNTech    <input type="checkbox"/> Moderna    <input type="checkbox"/> Janssen    <input type="checkbox"/> Another Product  <span style="margin-left: 150px;">(Johnson &amp; Johnson)</span> _____</li> <li>How many doses of COVID-19 vaccine have you received? _____</li> <li>Did you bring your vaccination record card or other documentation?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised? <i>(This would include treatment for cancer or HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant [HCT], DiGeorge syndrome or Wiskott-Aldrich syndrome)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you received hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had an allergic reaction to: <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i> <ul style="list-style-type: none"> <li>A component of a COVID-19 vaccine, including either of the following: <ul style="list-style-type: none"> <li>Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures</li> <li>Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids</li> </ul> </li> <li>A previous dose of COVID-19 vaccine</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had an allergic reaction to another vaccine <i>(other than COVID-19 vaccine)</i> or an injectable medication? <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Check all that apply to you:			
<input type="checkbox"/> Am a female between ages 18 and 49 years old			
<input type="checkbox"/> Am a male between ages 12 and 29 years old			
<input type="checkbox"/> Have a history of myocarditis or pericarditis			
<input type="checkbox"/> Have been treated with monoclonal antibodies or convalescent serum to prevent or treat COVID-19			
<input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection			
<input type="checkbox"/> Have a bleeding disorder			
<input type="checkbox"/> Take a blood thinner			
<input type="checkbox"/> Have a history of heparin-induced thrombocytopenia (HIT)			
<input type="checkbox"/> Am currently pregnant or breastfeeding			
<input type="checkbox"/> Have received dermal fillers			
<input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS)			

Form reviewed by \_\_\_\_\_

Date \_\_\_\_\_

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists