

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?	☐	☐	☐
2. Have you ever received a dose of COVID-19 vaccine?	☐	☐	☐
If yes, which vaccine product(s) did you receive?			
☐ Pfizer-BioNTech ☐ Moderna ☐ Janssen (Johnson & Johnson) ☐ Another Product _____			
How many doses of COVID-19 vaccine have you received? _____			
Did you bring your vaccination record card or other documentation?	☐	☐	
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>	☐	☐	☐
4. Have you received hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine?	☐	☐	☐
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>			
- A component of a COVID-19 vaccine, including either of the following: - Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	☐	☐	☐
Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	☐	☐	☐
A previous dose of COVID-19 vaccine	☐	☐	☐
6. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) 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>			
7. Check all that apply to you:			
☐ Am a female between ages 18 and 49 years old			
☐ Am a male between ages 12 and 29 years old			
☐ Have a history of myocarditis or pericarditis			
☐ Have been treated with monoclonal antibodies or convalescent serum to prevent or treat COVID-19			
☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection			
☐ Have a bleeding disorder			
☐ Take a blood thinner			
☐ Have a history of heparin-induced thrombocytopenia (HIT)			
☐ Am currently pregnant or breastfeeding			
☐ Have received dermal fillers			
☐ Have a history of Guillain-Barré Syndrome (GBS)			

Form reviewed by _____

Date _____

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