Prevaccination Checklist for COVID-19 Vaccines

OGDEN CLINIC

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.

Patient Name:_____

Date of Birth: _____ Date: _____

	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 did you receive? ❑ Pfizer ❑ Moderna ❑ Janssen (Johnson & Johnson) ❑ Another product			
• Did you bring your vaccination record card or other documentation? (yes/no)			
3. Have you ever had an allergic reaction to: *(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 occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)*			
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.			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? *(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 occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)*			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.			
6. Check all that apply to you: ❑ Am a female between ages 18 and 49 years old ❑ Had a severe allegric reaction to something other than a vaccine or injectable therapy such as: food, pet, venom, enviromental or oral medication allergies ❑ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum ❑ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection ❑ Have a weakened immune system (i.e., HIV infection, cancer) ❑ Take immuno suppressive drugs or therapies ❑ Have a bleeding disorder ❑ Take a blood thinner ❑ Have a history of herparin-induced thrombocytopenia (HIT) ❑ Am currently pregnant or breastfeeding ❑ Have received dermal fillers			

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

Office Use Only

Date	Manufacturer	Lot Number	Expiration	Site	Route	Administrator