



Pre-vaccination Checklist for COVID-19 Vaccines

Patient Name: _____ **DOB:** _____ **Age:** _____

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 questions, 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.

Screening Questionnaire: please circle response below

1. Are you feeling sick today? <i>If Yes, please call back to schedule when the illness has improved. If patient has current COVID-19 infection, patient will need to call back after isolation is over.</i>	Yes	No	Don't know
2. Have you ever received a dose of COVID-19 vaccine?	Yes	No	Don't know
a. If yes, which vaccine product? Pfizer Moderna Janssen (Johnson & Johnson) Another product _____ b. Where? _____ c. Date of vaccine? _____ <i>If yes and first dose was administered elsewhere, STOP and do not proceed. Vaccine series must be completed with prior vaccine site. If first dose was administered at WHC, ok to continue if same vaccine available at WHC.</i>			
3. Have you ever had an allergic reaction to (see list below): (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.) <i>If yes to any of the below, STOP and do not proceed. Vaccine is contraindicated.</i>			
a. A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	Yes	No	Don't know
b. Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	Yes	No	Don't know
c. A previous dose of COVID-19 vaccine	Yes	No	Don't know
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.)	Yes	No	Don't know

