



Prevaccination Checklist for COVID-19 Vaccines

Patient Name: _____ **DOB:** _____

Age: _____ *****IF ages 12-17, please complete Pfizer consent form**

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

<p>1. Are you feeling sick today?</p> <p><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></p>	Yes	No	Don't know
<p>2. Are you here today for your FIRST dose of COVID-19 vaccine?</p>	Yes If yes, proceed to #6	No If no, proceed to #3	Don't Know
<p>3. Are you here today for your SECOND dose of COVID-19 vaccine?</p>	Yes If yes, proceed to #6	No If no, proceed to #4	Don't Know
<p>4. Are you here today for your THIRD dose of COVID-19 vaccine Pfizer or Moderna?</p> <p><i>A Third Dose of Pfizer or Moderna is for people with moderately to severely compromised immune systems that can be administered at least 28 days after the second dose of Pfizer or Moderna. Please note this is different than a booster shot for Pfizer only.</i></p>	Yes	No If no, proceed to #5	
<p>a. If yes, which vaccine product did you previously receive? Pfizer Moderna Janssen (Johnson & Johnson) Another product _____</p> <p>b. Where? _____</p> <p>c. Date of dose 1 _____</p> <p>d. Date of dose 2 _____</p> <p><i>If 2-dose series was completed elsewhere, ok to receive 3rd dose at WHC, if eligible, but must bring vaccination card. If they received J&J, not eligible for a second or third dose.</i></p>			

***Give completed forms to Tanya in IT. If applicable attach Pfizer consent for 12-17 y/o.

Updated 9/27/21 LZ. Based off of CDC Prevaccination Checklist for COVID-19 vaccines updated 8/20/2021.



Prevaccination Checklist for COVID-19 Vaccines

<p>e. Has it been at least 28 days since the second dose of Pfizer or Moderna vaccine? Yes No (if No, will need to wait until it has been at least 28 days since 2nd dose)</p> <p>f. Check all that apply to you (If none apply, then do not need a 3rd dose at this time)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Been receiving active cancer treatment for tumors or cancers of the blood <input type="checkbox"/> Received an organ transplant and are taking medicine to suppress the immune system <input type="checkbox"/> Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system <input type="checkbox"/> Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome) <input type="checkbox"/> Advanced or untreated HIV infection <input type="checkbox"/> Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response 			
<p>5. Are you here today for your BOOSTER dose of COVID-19 vaccine Pfizer? <i>A Booster Dose of Pfizer is for people with underlying medical conditions, those in long-term care settings, or those at increased risk because of their occupation and can be administered at least 6 months after their last dose of Pfizer.</i></p>	<p>Yes</p>	<p>No If no, proceed to #6</p>	<p>Don't know</p>
<p>a. If yes, which vaccine product did you previously receive? Pfizer Moderna Janssen (Johnson & Johnson) Another product _____</p> <p>b. Where? _____</p> <p>c. Date of dose 1 _____</p> <p>d. Date of dose 2 _____</p> <p>e. Date of dose 3 _____</p> <p><i>If 2-3 dose series was completed elsewhere, ok to receive booster dose at WHC, if eligible, but must bring vaccination card.</i> <i>If they received Moderna or J&J, not eligible for booster dose at this time</i></p> <p>f. Has it been at least 6 months since the last dose of the Pfizer Vaccine?? Yes No (if No, will need to wait until it has been at least 6 months since last dose)</p> <p>g. Check all that apply to you (If none apply, then do not need a booster dose at this time)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 65 years and older <input type="checkbox"/> Resident in a long-term care setting, including nursing homes and assisted living facilities <input type="checkbox"/> Age 18-64 years old with underlying medical conditions, check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic Kidney disease <input type="checkbox"/> Chronic lung disease, including COPD, moderate to severe asthma, interstitial lung disease, cystic fibrosis, and pulmonary hypertension 			

***Give completed forms to Tanya in IT. If applicable attach Pfizer consent for 12-17 y/o.

Updated 9/27/21 LZ. Based off of CDC Prevaccination Checklist for COVID-19 vaccines updated 8/20/2021.



Prevaccination Checklist for COVID-19 Vaccines

- Dementia
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions, including heart failure, coronary artery disease, cardiomyopathies, hypertension
- HIV infection
- Immunocompromised stated (weakened immune system), prolonged corticosteroid use
- Liver disease, including fatty liver disease, cirrhosis
- Overweight (BMI > 25)
- Obese (BMI ≥ 30)
- Pregnant or recently pregnant (within 42 days following end of pregnancy)
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorder (such as alcohol, opioid, or cocaine use disorder)
- Age 18-64 years old and at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting, check all that apply:
 - First Responders (healthcare workers, firefighters, police, congregate care staff)
 - Education staff ((teachers, support staff, daycare workers)
 - Food and agriculture workers
 - Manufacturing workers
 - Corrections workers
 - U.S. Postal Service workers
 - Public transit workers
 - Grocery store workers

6. 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.)

If yes to any of the below, STOP and do not proceed. Vaccine is contraindicated.

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

***Give completed forms to Tanya in IT. If applicable attach Pfizer consent for 12-17 y/o.

Updated 9/27/21 LZ. Based off of CDC Prevaccination Checklist for COVID-19 vaccines updated 8/20/2021.

Prevaccination Checklist for COVID-19 Vaccines

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
<p>7. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?</p> <p>(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.</p> <p><i>If yes, inform patient he/she will be observed for 30 minutes after vaccination. If patient has questions, should be referred to Provider.</i></p> <p><i>*RN: counsel patients about unknown risks vs benefits of vaccination, refer patient to Provider if further discussion needed. Observe for 30 mins after vaccination.</i></p>	Yes	No	Don't know
<p>8. Had COVID-19 and was treated with monoclonal antibodies or convalescent serum as a treatment for COVID-19?</p> <p><i>If yes and at least 90 days since treatment, ok to schedule. Vaccination should be deferred for at least 90 days since treatment.</i></p>	Yes	No	Don't know
<p>9. Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection?</p> <p><i>If yes, should refer patient to Provider prior to scheduling. Consider delaying vaccine until recovery from infection and 90 days after date of diagnosis.</i></p>	Yes	No	Don't know
<p>10. Have a history of myocarditis or pericarditis?</p> <p><i>If yes, should refer patient to Provider. People who develop myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine should defer receiving the second dose.</i></p> <p><i>If patient has a history of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination, may receive any FDA-authorized COVID-19 vaccine after episode has completely resolved.</i></p>	Yes	No	Don't know

***Give completed forms to Tanya in IT. If applicable attach Pfizer consent for 12-17 y/o.

Updated 9/27/21 LZ. Based off of CDC Prevaccination Checklist for COVID-19 vaccines updated 8/20/2021.



Prevaccination Checklist for COVID-19 Vaccines

11. Check all that apply to you:	Yes	No	Don't know
<ul style="list-style-type: none"><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"/> Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies (30 min observation)<input type="checkbox"/> Have a weakened immune system (i.e., HIV infection, cancer)<input type="checkbox"/> Take immunosuppressive drugs or therapies<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 of breastfeeding<input type="checkbox"/> Have received dermal fillers<input type="checkbox"/> History of Guillain-Barre Syndrome (GBS)			

I, the undersigned, have read the Emergency Use Authorization for the COVID-19 Vaccination. I understand the risks and benefits associated with the COVID-19 vaccine and have had any questions satisfactorily answered. I voluntarily request that the vaccine be given to me.

Signature: _____ Date: _____

For Office Use Only:

Date/time given: _____

From reviewed/Administered by: _____ Observed for 15 minutes/30 minutes. Pt Initials: _____

Vaccine Dose: 1 2 3(Pfizer or Moderna) Booster (Pfizer only)

Site: RD LD

Vaccine Name/Lot #/Expiration/Dose/Route: **Place Sticker Here*

****Give completed forms to Tanya in IT. If applicable attach Pfizer consent for 12-17 y/o.*

Updated 9/27/21 LZ. Based off of CDC Prevaccination Checklist for COVID-19 vaccines updated 8/20/2021.