### Prevaccination Checklist for COVID-19 Vaccines

**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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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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 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 caused hives, swelling, or respiratory distress, including wheezing.)*

5. 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
   - [ ] Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental 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 immunosuppressive 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

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**Form reviewed by**

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