

Prevaccination Checklist for COVID-19 Vaccination



Name _____

For vaccine recipients (both children and adults):

The following questions will help us determine if there is any reason COVID-19 vaccine cannot be given today.

If you answer "yes" to any question, it does not necessarily mean the vaccine cannot be given. It just means additional questions may be asked. If a question is not clear, please ask the healthcare provider to explain it.

1. How old is the person to be vaccinated? _____

Yes No Don't know

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Is the person to be vaccinated sick today?

3. Has the person to be vaccinated ever received a dose of COVID-19 vaccine?

- If yes, which vaccine product was administered?

Pfizer-BioNTech Janssen (Johnson & Johnson) Another Product
 Moderna Novavax

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- How many doses of COVID-19 vaccine were administered? _____

- Did you bring the vaccination record card or other documentation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Does the person to be vaccinated have a health condition or is undergoing treatment that makes them moderately or severely immunocompromised? *This would include, but not be limited to, treatment for cancer, HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant [HCT], or moderate or severe primary immunodeficiency.*

5. Has the person to be vaccinated received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Has the person to be vaccinated 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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A previous dose of COVID-19 vaccine

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Has the person to be vaccinated 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.)

8. Check all that apply to the person to be vaccinated:

- Have a history of myocarditis or pericarditis
- Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?
- History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT)

- Have a history of thrombosis with thrombocytopenia syndrome (TTS)

- Have a history of Guillain-Barré Syndrome (GBS)

- Have a history of COVID-19 disease within the past 3 months?

- Vaccinated with monkeypox vaccine in the last 4 weeks?

Form reviewed by _____

Date _____