## Prevaccination Checklist for COVID-19 Vaccination

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.

### 1. Are you feeling sick today?
- [ ] Yes
- [ ] No
- [ ] Don’t know

### 2. Have you ever received a dose of COVID-19 vaccine?
- [ ] Yes, which vaccine product(s) did you receive?
  - [ ] Pfizer-BioNTech
  - [ ] Moderna
  - [ ] Janssen (Johnson & Johnson)
  - [ ] Another Product

  - [ ] How many doses of COVID-19 vaccine have you received?

  - [ ] Did you bring your vaccination record card or other documentation?

### 3. Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised? *(This would include treatment for cancer or HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant (HCT), DiGeorge syndrome or Wiskott-Aldrich syndrome)*

### 4. Have you received hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine?

### 5. 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

### 6. 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.)*

### 7. 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
- [ ] Have been treated with monoclonal antibodies or convalescent serum to prevent or treat COVID-19
- [ ] Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- [ ] Have a bleeding disorder
- [ ] Take a blood thinner
- [ ] Have a history of heparin-induced thrombocytopenia (HIT)
- [ ] Am currently pregnant or breastfeeding
- [ ] Have received dermal fillers
- [ ] Have a history of Guillain-Barré Syndrome (GBS)

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

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