

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.

Please print

Name _____

Date of Birth _____

Best Contact Number _____

Employer/Department/Title _____

	Yes	No	Don't know
1. Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received a dose of COVID-19 vaccine? • If yes, which vaccine product did you receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pfizer-BioNTech			
<input type="checkbox"/> Moderna			
<input type="checkbox"/> Janssen (Johnson & Johnson)			
<input type="checkbox"/> Another Product _____			
3. Have you ever had an allergic reaction to a vaccine or an injectable medication? <i>(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.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a female between ages 18-49 years of age AND requesting the COVID-19 Janssen (Johnson & Johnson) vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a male between ages 12-29 years of age AND requesting the COVID-19 Pfizer-BioNTech or Moderna vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had COVID-19 and been treated with monoclonal antibodies (or convalescent serum) in the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had COVID-19 and been diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) in the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by _____ **Date** _____

Form reviewed by _____ **Date** _____



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