## 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.

### 1. Are you feeling sick today?

- **Yes**
- **No**
- **Don't know**

### 2. Have you ever received a dose of COVID-19 vaccine?

- If yes, which vaccine product did you receive?
  - [ ] Pfizer-BioNTech
  - [ ] Moderna
  - [ ] Janssen *(Johnson & Johnson)*
  - [ ] Another Product

- Have you received a complete COVID-19 vaccine series *(i.e., 1 dose Janssen or 2 doses of an mRNA vaccine [Pfizer-BioNTech, Moderna])?*

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

### 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 bleeding disorder
- [ ] Take a blood thinner
- [ ] Have a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies
- [ ] Have a history of heparin-induced thrombocytopenia (HIT)
- [ ] Am currently pregnant or breastfeeding
- [ ] Have received dermal fillers
- [ ] History of Guillain-Barré Syndrome (GBS)

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**Form reviewed by:**

08/20/2021

**Date:**

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