

## COVID-19 Vaccine Screening

### For vaccine recipients:

The following questions will help us determine if there is any reason you should not receive the COVID-19 vaccine today.

**If you answer "yes" to any questions, 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?
2. Have you ever received a dose of COVID-19 vaccine?
  - A. If yes, which vaccine product did you receive?
  - B. Pfizer, Moderna, or Another Product: \_\_\_\_\_.
3. Have you ever had an allergic reaction to:
  - A. A previous dose of COVID-19 vaccine
  - B. Polyethylene glycol (PEG). This is a component of COVID-19 vaccine, which is also found in some medications, such as laxatives and preparations for colonoscopy procedures
  - C. Polysorbate
4. Have you ever had an allergic reaction to any other vaccine or an injectable medication?
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than what has been asked above. This would include food, pet, environmental, or oral medication allergies.
6. Have you received any vaccine in the last 14 days?
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?
10. Do you have a bleeding disorder or are you taking a blood thinner?
11. Are you pregnant or breastfeeding?

\_\_\_ I certify the answers provided above are true to the best of my knowledge.

\_\_\_ I am the person receiving the COVID Vaccine and booster.