

COVID-19 Vaccine Pre-Screening Form

Please complete the following questionnaire prior to receiving your vaccine. 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 just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

- | | YES | NO |
|---|-------|-------|
| 1. Are you feeling sick or do you have a fever today? | _____ | _____ |
| 2. Have you ever received a dose of COVID-19 vaccine?
If yes, which vaccine product did you receive? | _____ | _____ |

Pediatric Pfizer 5-11 yrs	Pfizer / Comirnaty 12 yrs +	Moderna (full) 18 yrs +	Moderna (half) 18 yrs +	Janssen (J&J) 18 yrs +
10 mcg/0.2 mL	30 mcg/0.3 mL	100 mcg/0.5 mL	50 mcg/0.25 mL	0.5 mL
<input type="checkbox"/> 1st Dose <input type="checkbox"/> 2nd Dose <input type="checkbox"/> 3rd Dose (28 days from 2nd dose)	<input type="checkbox"/> 1st Dose <input type="checkbox"/> 2nd Dose <input type="checkbox"/> 3rd Dose (28 days from 2nd dose) <input type="checkbox"/> Booster	<input type="checkbox"/> 1st Dose <input type="checkbox"/> 2nd Dose <input type="checkbox"/> 3rd Dose (28 days from 2nd dose)	<input type="checkbox"/> Booster	<input type="checkbox"/> 1st Dose <input type="checkbox"/> Booster (2 months after 1st dose)

- I have received **2 doses** of the **Pfizer BioNTech** or the **Moderna COVID-19 vaccine** primary series and it has been at least **5 months since my last Pfizer** COVID-19 vaccine dose or **6 months since my last Moderna** COVID-19 vaccine dose. I am requesting **Pfizer, Moderna or Janssen as my booster.**
- I have received **1 dose** of the **Janssen (Johnson & Johnson) COVID-19 vaccine** primary series and it has been **2 months** since my last COVID-19 dose. I am requesting **Pfizer, Moderna or Janssen as my booster.**
- I am **moderately or severely immunocompromised** and I have received **2 doses** of the **Pfizer BioNTech** or the **Moderna COVID-19 vaccine** primary series. It has been at least **28 days since my last Pfizer or Moderna** COVID-19 vaccine dose. I am requesting **Pfizer or Moderna as my 3rd dose.**

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 occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)

- A component of the 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 _____
- Another vaccine (other than COVID-19 vaccine) or an injectable medication? _____
- Food, pet, venom, environmental or oral medication allergies? _____

4. Check all that apply to you:

- Am a female between ages 18 and 49 years old
- Had tested positive for COVID-19 in the past 20 days
- Had COVID-19 and/or 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 weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?
- Do you have a bleeding disorder or are you taking a blood thinner?
- Have a history of heparin-induced thrombocytopenia (HIT)
- Are you pregnant or breastfeeding (nursing)?
- Have received dermal fillers

If you checked any of the boxes above, please speak to a nurse before receiving the vaccine. Patients who have had any type of allergic reactions in the past will require 30 minutes of observation after the vaccine.

I have received the Fact Sheet for the COVID-19 Vaccine that I am receiving.

I have had an opportunity to ask questions and any questions have been answered to my satisfaction.

Print Name _____ Signature _____

Date _____ Date of Birth _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Legal Guardian Signature _____
if applicable or under age 18 years: _____ Print name _____