## 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

1. **Are you feeling sick today?**

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)
   - 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)

Form reviewed by: 08/20/2021

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists
COVID-19 Vaccination Registration Consent Form

<table>
<thead>
<tr>
<th>Information Statement: Please check off the following statements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I have been given a copy and have read the COVID-19 VACCINE FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA).</td>
</tr>
<tr>
<td>☐ I understand the Moderna / Pfizer vaccines require two doses. Two doses will need to be administered for the vaccine to be effective.</td>
</tr>
<tr>
<td>☐ I have been given a chance to ask questions which were answered to my satisfaction.</td>
</tr>
<tr>
<td>☐ I understand the benefits and risks associated with this vaccine; I am requesting that the vaccine be given to me.</td>
</tr>
<tr>
<td>☐ I acknowledge that I have been instructed to remain at the vaccination location for a minimum of 15 minutes for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital.</td>
</tr>
</tbody>
</table>

Signature of Person to Receive Vaccine:

X ______________________________ Date Signed: __________________________

FOR VACCINATOR TO COMPLETE

Date Vaccine Administered: ________________________ Time: ________________

Vaccine Manufacturer: ☐ Janssen ☐ Moderna ☐ Pfizer
☐ First Dose ☐ Second Dose

Vaccine Lot Number: ___________________________ Expiration Date of Vaccine: ___________________________

Site of Injection: (IM)
☐ Left Deltoid ☐ Right Deltoid

Patient to complete observation:
☐ 15 minutes ☐ 30 minutes

Signature and Title of Vaccine Administrator:

X __________________________________________________________________________________________

Emergency Use Authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). THE EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or cleared product. However, the FDA’s decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.