

Prevaccination Checklist for COVID-19 Vaccination



Name _____

For vaccine recipients (both children and adults):

The following questions will help us determine if there is any reason COVID-19 vaccine cannot be given today. **If you answer "yes" to any question, it does not necessarily mean the vaccine cannot be given.** It just means additional questions may be asked. If a question is not clear, please ask the healthcare provider to explain it.

1. How old is the person to be vaccinated? _____

2. Is the person to be vaccinated sick today? _____

3. Has the person to be vaccinated ever received a dose of COVID-19 vaccine?

- If yes, which vaccine product was administered?

Pfizer-BioNTech Janssen (Johnson & Johnson) Another Product

Moderna Novavax _____

- How many doses of COVID-19 vaccine were administered? _____
- Did you bring the vaccination record card or other documentation? _____

4. Does the person to be vaccinated have a health condition or is undergoing treatment that makes them moderately or severely immunocompromised? *This would include, but not be limited to, treatment for cancer, HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant (HCT), or moderate or severe primary immunodeficiency.*

5. Has the person to be vaccinated received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?

6. Has the person to be vaccinated 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
- A previous dose of COVID-19 vaccine

7. Has the person to be vaccinated 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.)*

8. Check all that apply to the person to be vaccinated:

<input type="checkbox"/> Have a history of myocarditis or pericarditis	<input type="checkbox"/> Have a history of thrombosis with thrombocytopenia syndrome (TTS)
<input type="checkbox"/> Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?	<input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS)
<input type="checkbox"/> History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT)	<input type="checkbox"/> Have a history of COVID-19 disease within the past 3 months?
	<input type="checkbox"/> Vaccinated with monkeypox vaccine in the last 4 weeks?

Form reviewed by _____

Date _____