NEMS NORTH EAST MEDICAL SERVICES 東北醫療中心 a californiahealth center

Pre-Vaccination 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.

Name _____

NEMS MRN _____

Date of Birth _____

Today's Date _____

	Yes	No
1. Are you feeling sick today and/or do you have a fever?		
2. Have you ever received a dose of COVID-19 vaccine?		
• If yes, which vaccine product? ☐ Pfizer ☐ Moderna ☐ Janssen (J&J) ☐ Another product _____		
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 polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures		
• Polysorbate		
• 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 occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)*		
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.		
6. Have you received another vaccine in the last 14 days? Please note, if you respond "yes" to this question you will not be able to receive the COVID vaccine until it has been 14 days since your last vaccine.		
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?		

CINICAL USE ONLY Form reviewed by _____ Date_____

Adapted from CDC Pre-vaccination Checklist for COVID-19 Vaccines

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