

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.

	Yes	No	Don't know
1. How old is the person to be vaccinated? _____			
2. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever received a dose of COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If yes, which vaccine product was administered? <ul style="list-style-type: none"> <input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Janssen (<i>Johnson & Johnson</i>) <input type="checkbox"/> Another Product <input type="checkbox"/> Moderna <input type="checkbox"/> Novavax 			
<ul style="list-style-type: none"> How many doses of COVID-19 vaccine were administered? _____ 			
<ul style="list-style-type: none"> Did you bring the vaccination record card or other documentation? 	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the person to be vaccinated have a health condition or undergoing treatment that makes them moderately or severely immunocompromised? <i>This would include, but not 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.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person to be vaccinated received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person to be vaccinated ever had an allergic reaction to: <i>(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.)</i>			
<ul style="list-style-type: none"> A component of a COVID-19 vaccine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> A previous dose of COVID-19 vaccine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the person to be vaccinated ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? <i>(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.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?			
<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 thrombosis with thrombocytopenia syndrome (TTS)			
<input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS)			
<input type="checkbox"/> Have a history of COVID-19 disease within the past 3 months?			

Form reviewed by _____

Date _____



COVID-19 Vaccination Registration Consent Form

Information Statement: Please check off the following statements:		
<input type="checkbox"/> I have been given a copy and have read the COVID-19 VACCINE FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA).		
<input type="checkbox"/> I understand that the Bivalent Additional Dose should not be given within 8 weeks of a previous COVID-19 vaccination (additional recommendations for people over 65 apply).		
<input type="checkbox"/> I have been given a chance to ask questions which were answered to my satisfaction.		
<input type="checkbox"/> I understand the benefits and risks associated with this vaccine; I am requesting that the vaccine be given to me.		
<input type="checkbox"/> 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.		
Signature of Person to Receive Vaccine:		
X _____ Date Signed: _____		
FOR VACCINATOR TO COMPLETE		
Date Vaccine Administered: _____ Time: _____		
Vaccine Manufacturer:		
<input type="checkbox"/> Moderna Bivalent	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Additional Dose # _____
<input type="checkbox"/> Novavax	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose
<input type="checkbox"/> Pfizer Bivalent	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Additional Dose # _____
Vaccine Lot Number: _____ Expiration Date of Vaccine: _____		
Site of Injection: (IM)		
<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid		
Patient to complete observation:		
<input type="checkbox"/> 15 minutes <input type="checkbox"/> 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.