# Prevaccination Checklist for COVID-19 Vaccination

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.

1. How old are you? __________

2. Are you feeling sick today?  

3. Have you ever received a dose of COVID-19 vaccine?  
   - If yes, which vaccine product(s) did you receive?  
     - [ ] Pfizer-BioNTech  
     - [ ] Moderna  
     - [ ] Janssen (Johnson & Johnson)  
     - [ ] Another Product

   - How many doses of COVID-19 vaccine have you received? __________

   - Did you bring your vaccination record card or other documentation?  
   
4. Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised? 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.

5. Have you received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?  

6. 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  
   - [ ] A previous dose of COVID-19 vaccine

7. 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.)

8. Check all that apply to you:

   - [ ] Have a history of myocarditis or pericarditis
   - [ ] Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?
   - [ ] History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT)
   - [ ] Have a history of thrombosis with thrombocytopenia syndrome (TTS)
   - [ ] Have a history of Guillain-Barré Syndrome (GBS)
   - [ ] Have a history of COVID-19 disease within the past 3 months?

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Form reviewed by: [05/06/2022]  

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists