

Prevaccination Checklist for COVID-19 Vaccines



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.	For vaccine recipients:	Name				
2. Have you ever received a dose of COVID-19 vaccine? • If yes, which vaccine product did you receive? Pfizer	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.		Yes	No		
If yes, which vaccine product did you receive? Pfizer	1. Are you feeling sick today?					
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 fie.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 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. • A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction. 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 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 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, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or or all medication allergies. 6. 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 ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? 9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immu	2. Have you ever received a dose of COVID-19 vaccine?					
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