



Prevaccination Checklist for COVID-19 Vaccines (12+yrs)

Patient Name: _____ DOB: _____

Age: _____ ***IF ages 12-17, please complete Pfizer consent form. If ages 5-11, please complete other consent/checklist.

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 questions, 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.

Screening Questionnaire: please circle response below

1. Are you feeling sick today?	Yes	No	Don't know
2. Have you ever received a dose of COVID-19 vaccine? a. If yes, which vaccine product did you previously receive? Pfizer (12+); Moderna (18+); J&J (18+) Another product _____ b. Where? _____ c. Date of dose 1 _____ d. Date of dose 2 _____ e. Date of dose 3 _____ f. Date of booster _____ g. Did you bring your vaccination record card or other documentation? Yes No	Yes	No	Don't know
3. Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised? (This would include treatment for cancer or HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant (HCT), DiGeorge syndrome or Wiskott-Aldrich syndrome)	Yes	No	Don't Know
4. Have you received a hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine? <i>HCT and CAR-T-cell recipients who received doses of COVID-19 vaccine prior to receiving an HCT or CAR-T-cell therapy should be revaccinated with a primary vaccine series at least 3 months (12 weeks) after transplant or CAR-T-cell therapy.</i>	Yes	No	Don't Know



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5. Have you ever had an allergic reaction to (see list below)? (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.) <i>If yes to any of the below, STOP and do not proceed. Vaccine is contraindicated.</i>			
a. 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	Yes	No	Don't know
b. Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	Yes	No	Don't know
c. Allergic reaction to a previous dose of COVID-19 vaccine	Yes	No	Don't know
6. Have you ever had a severe allergic reaction to another vaccine (other than COVID-19 vaccine), injectable medication, food ingredients, pet, venom, environmental or oral medication allergies? <i>If yes, patient will be observed for 30 minutes after vaccination.</i>	Yes	No	Don't know
7. Have a history of myocarditis or pericarditis? <i>People who develop myocarditis or pericarditis after a first dose of an mRNA COVID-19 should consult with their provider regarding further vaccination options. If patient has a history of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination, may receive any FDA-authorized COVID-19 vaccine after episode has completely resolved</i>	Yes	No	Don't know
8. Check all that apply to you: <ul style="list-style-type: none"><input type="checkbox"/> Am a male between ages 12 and 39 years old (8-week interval between dose 1 and dose 2 of mRNA vaccines may be optimal for ages 12-64, esp. males 12-39 who are NOT immunocompromised.)<input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection (consider after 90 days after diagnosis, refer to Provider for questions)<input type="checkbox"/> Have a bleeding disorder or take a blood thinner			

I, the undersigned, have read the Emergency Use Authorization for the COVID-19 Vaccination. I understand the risks and benefits associated with the COVID-19 vaccine and have had any questions satisfactorily answered. I voluntarily request that the vaccine be given to me.

Signature: _____

Date: _____



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For Office Use Only:

Date/time given: _____

From reviewed/Administered by: _____ Observed for 15 minutes/30 minutes. Pt Initials: _____

Vaccine Dose: 1 2 3 (Pfizer [12+] or Moderna [18+]) *can only puncture Moderna vial 20 times

Booster #1 (Pfizer 0.3mL [12+] or Moderna 0.25mL [18+])

Booster #2 (Pfizer 0.3mL [12+] or Moderna 0.25mL [18+])

Site: RD LD Vaccine Name/Lot #/Expiration/Dose/Route: **Place Sticker Here*

COVID-19 Vaccine Schedule for people who are NOT moderately or severely immunocompromised

Pfizer (5-11 yrs)	1 st Dose	2 nd Dose (3 wks after 1 st dose)	Booster dose is not indicated	Booster dose is not indicated
Pfizer (12+ yrs)	1 st Dose	2 nd Dose (3-8 wks after 1 st dose)	Booster dose (5 months after 2 nd dose)	2 nd Booster may be offered to those ages 50+ at least 4mo after 1 st booster
Moderna (18+ yrs)	1 st Dose	2 nd Dose (4-8 wks after 1 st dose)	Booster dose (5 months after 2 nd dose)	2 nd Booster may be offered to those ages 50+ at least 4mo after 1 st booster
J&J (18+ yrs)	1 st Dose		Booster dose (2 months after 2 nd dose). mRNA vaccine is preferred.	2 nd Booster may be offered to those ages 50+ at least 4mo after 1 st booster for 3 doses <i>***If J&J was primary and 1st booster, may receive 2nd booster w/mRNA vaccine 4mo after 1st booster for 3 doses</i>

COVID-19 Vaccine Schedule for people who are moderately or severely immunocompromised

Pfizer (5-11 yrs)	1 st Dose	2 nd Dose (3 wks after 1 st dose)	3 rd Dose (4 wks after 2 nd dose)	Booster dose is not indicated	Booster dose is not indicated
Pfizer (12+ yrs)	1 st Dose	2 nd Dose (3 wks after 1 st dose)	3 rd Dose (4 wks after 2 nd dose)	Booster dose (at least 3 months after 3 rd dose).	2 nd Booster may be offered at least 4mo after 1 st booster
Moderna (18+ yrs)	1 st Dose	2 nd Dose (4 wks after 1 st dose)	3 rd Dose (4 wks after 2 nd dose)	Booster dose (at least 3 months after 3 rd dose).	2 nd Booster may be offered at least 4mo after 1 st booster
J&J (18+ yrs)	1 st Dose	2 nd (additional dose) w/mRNA vaccine 4 wks after 1 st dose <i>*If Moderna, admin 0.5 dose)</i>		Booster dose (mRNA vaccine is preferred), at least 2 months after 2 nd additional dose.	2 nd Booster may be offered at least 4mo after 1 st booster

****Place completed forms in Vaccine Clinic cabinet for Rachel. If applicable attach Pfizer consent for 12-17 y/o.*
Updated 04/01/2022. Based off CDC Prevaccination Checklist for COVID-19 vaccines updated 02/25/2022.