



## Prevaccination Checklist for COVID-19 Vaccines

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

1. Are you feeling sick today?	Yes	No
2. Are you moderately or severely immunocompromised?	Yes	No
3. Have you ever received a dose of COVID-19 vaccine? a. If yes, which vaccine product did you previously receive? Pfizer; Moderna; J&J; Another product _____ b. Date of last vaccination/booster _____	Yes	No
4. Which vaccine product would you like to receive today? <input type="checkbox"/> Pfizer Primary 6 mos – 4 yrs Maroon 0.2 mL <input type="checkbox"/> Pfizer Primary 5-11 yrs Orange 0.2 mL <input type="checkbox"/> Pfizer Bivalent Booster 5-11 Orange 0.2 mL <input type="checkbox"/> Pfizer Primary 12+ yrs Gray 0.3 mL <input type="checkbox"/> Pfizer Bivalent Booster 12 yrs+ Gray 0.3 mL <input type="checkbox"/> Moderna Primary 12+ Red 0.5 mL		
5. Have you ever had an allergic reaction to (see list below)?		
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
b. Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	Yes	No
c. Allergic reaction to a previous dose of COVID-19 vaccine	Yes	No
d. Another vaccine (other than COVID-19 vaccine) or injectable medication?	Yes	No
e. Food, pet, venom, environmental or oral medication allergies?	Yes	No
6. Check all that apply to you: <input type="checkbox"/> Am a male between ages 12 and 39 years old <input type="checkbox"/> Have a history of myocarditis or pericarditis <input type="checkbox"/> Received hematopoietic cell transplant (HCT) or CAR-T-cell therapies? <input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection <input type="checkbox"/> Have a bleeding disorder or take a blood thinner <input type="checkbox"/> Vaccinated with monkeypox vaccine		

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 understand that I require 15 or 30 minutes of observation based on my answers. I voluntarily request that the vaccine be given to me (or my child).

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature

if under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

\*\*\*Place completed forms in scan tray.

Updated 10/24/22. Based off CDC Prevaccination Checklist for COVID-19 vaccines updated 10/05/22.



# Prevaccination Checklist for COVID-19 Vaccines

**For Office Use Only:**

Date/time given: \_\_\_\_\_ Form reviewed/Administered by: \_\_\_\_\_ Observed for 15 min/30 mins.

Vaccine Primary Dose:     1            2            3            (Pfizer [6mos+] or Moderna [12+]) *\*can only puncture Moderna vial 20 times*

Booster (Pfizer Bivalent 0.3 mL [12+])            Booster (Pfizer Bivalent 0.2 mL [5+])

Site:     RD            LD                            6m-2Y: R Vastus Lateralis    L Vastus Lateralis

Vaccine Name/Lot #/Expiration/Dose/Route: *\*Place Sticker Here***COVID-19 Vaccine Schedule for ages 6 mos – 4 yrs (Maroon Cap 0.2 mL dose after 2.2 mL diluent)**

	Dose 1	Dose 2	Dose 3	Booster
Not immunocompromised	0.2mL	3-8 wks after 1 <sup>st</sup> dose 0.2mL	8wks after 2 <sup>nd</sup> dose 0.2mL	Not indicated
Patients who have a compromised immune system	0.2mL	3 wks after 1 <sup>st</sup> dose 0.2mL	8 wks after 2 <sup>nd</sup> dose 0.2mL	Not indicated

**COVID-19 Vaccine Schedule for ages 5-11 yrs who are NOT moderately or severely immunocompromised**

Pfizer (5-11 yrs)	1 <sup>st</sup> Dose Monovalent	2 <sup>nd</sup> Dose Monovalent (3-8 wks after 1 <sup>st</sup> dose)	Booster dose (bivalent) 2 months after the 2 <sup>nd</sup> dose or after last monovalent booster dose
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**COVID-19 Vaccine Schedule for children who are moderately or severely immunocompromised**

Pfizer (5-11 yrs)	1 <sup>st</sup> Dose (Monovalent)	2 <sup>nd</sup> Dose Monovalent (3 wks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> Dose Monovalent (4 wks after 2 <sup>nd</sup> dose)	Booster dose (bivalent) 2 mo after 3 <sup>rd</sup> dose or after last monovalent booster dose.
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**COVID-19 Vaccine Schedule for people who are NOT moderately or severely immunocompromised**

Pfizer (12+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (3-8 wks after 1 <sup>st</sup> dose)	Bivalent booster dose (2months after 2 <sup>nd</sup> dose or any previous booster dose)
Moderna(12+yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (4-8 wks after 1 <sup>st</sup> dose)	Bivalent booster dose (2months after 2 <sup>nd</sup> dose or any previous booster dose)
J&J (18+ yrs)	1 <sup>st</sup> Dose		Bivalent booster dose (2months after single dose or any previous booster dose)

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

Pfizer (12+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (3 wks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> Dose (4 wks after 2 <sup>nd</sup> dose)	Bivalent booster dose (2months after 3 <sup>rd</sup> dose or any previous booster)
Moderna (12+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (4 wks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> Dose (4 wks after 2 <sup>nd</sup> dose)	Bivalent booster dose (2months after 3 <sup>rd</sup> dose or any previous booster)
J&J (18+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> (add "full" dose) w/mRNA vaccine 4 wks after 1 <sup>st</sup> dose <i>*If Moderna, admin 0.5mL dose</i>		Bivalent booster dose (2months after 2 <sup>nd</sup> dose or any previous booster)

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