

# COVID-19 Screening Questions



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	Don't Know
1. Are you feeling sick today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ever received a dose of COVID-19 vaccine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____			
If yes, which vaccine product?			
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Was the severe allergic reaction after receiving a COVID-19 vaccine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Was the severe allergic reaction after receiving another vaccine or injectable medication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have a bleeding disorder or are you taking a blood thinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you received passive antibody therapy as treatment for COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*For more information, please refer to the CDC pre-vaccination form for the specific vaccine you are giving.*

## Vaccine Administration Information for Immunizer Use Only

Administration Date	Manufacturer	NDC #		
Lot Number	Expiration Date	Route	<input type="radio"/> LEFT ARM	<input type="radio"/> RIGHT ARM
			Site	
Administering Immunizer Name and Title			Administering Immunizer Signature	