

Pre-vaccination Checklist for COVID-19 Vaccines

For vaccine recipient: 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.

Name: _____ Age: _____

Question	Yes	No	Don't Know
1. Do you have active illness symptoms or fever?			
2. Have you had a COVID-19 vaccine? If yes, which product? _____	Date:		
3. Have you ever had a severe reaction (anaphylaxis) requiring epinephrine?			
4. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	Date:		
5. Have you received passive antibody therapy as treatment for COVID-19?	Date:		
6. Do you have a bleeding disorder or are you taking a blood thinner?			
7. Have you read the "Fact Sheet for Recipients and Caregivers"?			

Form reviewed by: _____ Date: _____