



**COVID-19 Vaccine Screening Form**

Name: \_\_\_\_\_ (please print legibly)

Date of birth: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

Please PRINT Clearly

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

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, further questions need to be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No
1. Did you have an immediate allergic reaction (including anaphylaxis) following dose 1 administration? *Please see definition on page 2. This does not apply to Johnson & Johnson vaccine (J&J) recipients as it is one dose only.		
2. Are you feeling sick today? Have you been diagnosed with COVID-19 in the past 14 days?		
3. Have you received any vaccinations in the past two weeks? Have you received any other manufacturer’s COVID-19 vaccination (e.g. Pfizer)?		
4. Have you ever had a severe allergic reaction (e.g., trouble breathing, broke out in hives, had facial or tongue swelling, had anaphylaxis) after receiving any vaccine or injectable medication? Or a reaction for which you were treated with epinephrine or EpiPen®?		

5. Do you have a history of an anaphylactic reaction to anything other than a vaccine or injectable medication e.g. a reaction to food, insect stings, or oral medication?		
6. Are you pregnant, plan to become pregnant or are breastfeeding?		
7. Do you have a bleeding disorder or are you taking a blood thinner?		
8. Do you have a history of a weakened immune system or any immunocompromising conditions?		
9. Did you receive monoclonal antibodies or convalescent plasma as part of COVID-19 treatment in the past 90 days?		
10. The Johnson & Johnson vaccine must NOT be given to female individuals that are below the age of 50 years. Is the patient female and under age 50?		

**If Answered "Yes" to question 1:**

- You should NOT have the vaccine today
- \*Definition of an immediate allergic reaction:
  1. Anaphylaxis OR
  2. Were treated with epinephrine or EpiPen following 1<sup>st</sup> dose OR
  3. Hypersensitivity-related signs or symptoms:
    - Hives, generalized swelling due to fluid accumulation, respiratory distress (wheezing, stridor) within 4 hours following administration OR
  4. Immediate allergic reaction of any severity to any of the vaccine components (including polyethylene glycol [PEG]) or to polysorbate

**If Answered "Yes" to the questions 2 OR 3:**

- Should not have the vaccine today
- If you are sick, we recommend you delay vaccination until your symptoms have resolved.
- If you have received other vaccinations recently for something other than COVID-19, it is recommended that you wait 2 weeks following that vaccine(s) prior to receiving the Moderna vaccine.
- If you have received a different COVID-19 vaccine (not Moderna), you should not receive the Moderna vaccine as there is no data on safety or efficacy of combining vaccines from different manufacturers. If you were vaccinated as part of a clinical trial, you should contact the research team with any questions or concerns about receiving the Vaccine.
- If you have been diagnosed with COVID-19 at any time within the past 14 days, we recommend waiting for 14 days from your diagnosis before getting the vaccine. Please consult your healthcare provider.

**If Answered "Yes" to question 4 & 5:**

- If you have a history of anaphylaxis to any of the ingredients in the Moderna vaccine, you should NOT receive the vaccine at any time, based on current CDC guidance.
- If you have a history of an immediate allergic reaction to other vaccines or injectable therapies, even if it was not severe: We will increase your monitoring time to 30 minutes after vaccination to make sure there is no evidence of an anaphylactic reaction.



- If you have a history of anaphylaxis to something other than the vaccine ingredients, notify the staff before receiving the vaccine. We will increase your monitoring time (to 30 minutes) after vaccination to make sure there is no evidence of an anaphylactic reaction.

**If Answered “Yes” to question 6:**

- You are pregnant, plan to become pregnant or are breastfeeding: you should consult with your healthcare provider.
- You should not receive the vaccine today.

**If Answered “Yes” to question 7:**

- You have a history of a bleeding disorder or take a blood thinner, we will monitor for bleeding at the injection site.

**If you answered “Yes” to question 8:**

- You can choose to have the vaccine today with the understanding that there is not yet good data on safety and efficacy of the vaccine in these groups of individuals.

**If you answered “Yes” to question 9:**

- You CANNOT receive the COVID-19 vaccine today. You should wait for at least 90 days before receiving any dose of the vaccine.

**If you answered “Yes” to question 10:**

- You CANNOT receive the Johnson & Johnson COVID-19 vaccine. You may be given the Moderna COVID-19 vaccine instead if you are eligible as per the screening form.

Form completed by \_\_\_\_\_ Date \_\_\_\_\_

Form reviewed by \_\_\_\_\_ Date \_\_\_\_\_