



**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. Have you ever received a dose of Covid-19 vaccine? If yes, please circle which vaccine you received. <ul style="list-style-type: none"> <li>• Moderna</li> <li>• Pfizer</li> <li>• Janssen (Johnson and Johnson)</li> <li>• Other</li> </ul>		
2. Are you planning on receiving the 3 <sup>rd</sup> dose of an mRNA Covid-19 vaccine series today because you are <b>moderately to severely immunocompromised</b> ?		
3. Are you planning on receiving a booster dose today? If yes, please circle which vaccine. <ul style="list-style-type: none"> <li>• Moderna</li> <li>• Janssen (Johnson and Johnson)</li> </ul>		
4. Did you have an immediate allergic reaction (including anaphylaxis) following a previous Covid-19 vaccine dose? *Please see definition on page 2.		
5. Are you feeling sick today? Have you been diagnosed with COVID-19 in the past 14 days?		

6. 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®?		
7. 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?		
8. Do you have a bleeding disorder or are you taking a blood thinner?		
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:**

- A primary series must be completed with the same vaccine manufacturer initially administered. This does not apply to the Janssen (Johnson and Johnson) vaccine as it is a one dose series.

**If Answered "Yes" to question 2:**

- As of August 12, 2021, the FDA has authorized an additional third dose for those who are moderately or severely immunocompromised. This includes people who have:
  - Been receiving active cancer treatment for tumors or cancers of the blood
  - Received an organ transplant and are taking medicine to suppress the immune system
  - Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
  - Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
  - Advanced or untreated HIV infection
  - Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
- At least 28 days must have passed since the second dose in order to receive a third dose of the vaccine.

**If Answered "Yes" to question 3:**

- As of October 20, 2021, the FDA has authorized a booster dose for Moderna and Janssen (Johnson and Johnson) Covid-19 vaccines.
- For those who received a primary series for either Moderna or Pfizer, a booster may be given at least 6 months after the completion of the last dose.
- For those who received the Janssen (Johnson and Johnson) Covid-19 vaccine, a booster may be given at least two months after the initial dose.

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

- 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 5:**

- You should not have the vaccine today
- If you are sick, we recommend you delay vaccination until your symptoms have resolved.
- 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 6 & 7:**

- 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 8:**

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

**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 \_\_\_\_\_