TRESTLEWOOD PEDIATRICS

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Pre-Vaccination Checklist for COVID-19 Vaccines

Name: _____

Age: _____

For vaccine recipients:
The following questions will help us determine if there is any reason you/your child 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 as your healthcare provider to explain it.

	Yes	No
1. Is the patient feeling sick today?	☐	☐
2. Has the patient ever received a dose of COVID-19 vaccine?	☐	☐

- If yes, which vaccine product did the patient receive?
  ☐ Pfizer-BioNTech ☐ Moderna ☐ Janssen ☐ Another Product _____

	Yes	No
• Have you received a complete COVID-19 vaccine series (i.e. 1 dose Janssen or 2 doses of an mRNA vaccine [Pfizer-BioNTech, Moderna])?	☐	☐
• Did you bring your vaccination record card or other documentation?	☐	☐

3. Has the patient ever had an allergic reaction to:

(This would include a severe allergic reaction [e.g. anaphylaxis] that required treatment with epinephrine or EpiPen ® or that caused the patient to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)

	Yes	No
• A component of a COVID-19 vaccine, including either the following: o Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	☐	☐
o Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	☐	☐
• A previous dose of COVID-19 vaccine	☐	☐
4. Has the patient ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?	☐	☐

(This would include a severe allergic reaction [e.g. anaphylaxis] that required treatment with epinephrine or EpiPen ® or that caused the patient to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)

5. Check all that apply to the patient:
- ☐ Is a between ages 12 and 26 years old
- ☐ Is a between the ages of 5 and 11 years old
- ☐ Have a history of myocarditis or pericarditis
- ☐ Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
- ☐ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
- ☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- ☐ Have a bleeding disorder
- ☐ Take a blood thinner
- ☐ Have a weakened immune system (i.e. HIV infection, cancer) or take immunosuppressive drugs or therapies
- ☐ Have a history of heparin-induced thrombocytopenia (HIT)
- ☐ Are currently pregnant or breastfeeding
- ☐ Have received dermal fillers
- ☐ Have a history of Guillain-Barre Syndrome (GBS)

The Emergency Use Authorization (EUA) has been made available to and has been review by me (i.e. the patient or the patient's parent/guardian) and I consent to the administration of the Pfizer-BioNTech COVID-19 Vaccine.

Patient/Parent/Guardian Signature: _____ Date:_____

Adapted with appreciation from the Centers for Disease Control (CDC) "Prevaccination Checklist for COVID-19 Vaccines"

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