

PATIENT NAME: _____ DOB: _____

COVID-19 PRE-VACCINATION CHECKLIST

First COVID-19 vaccine

Second COVID-19 vaccine

1. Is your child feeling sick today?

- Yes
- No

2. Has your child ever had an allergic reaction to another vaccine (other than the COVID-19 vaccine) or an injectable medication?

- Yes
- No

3. Has your child ever had an allergic reaction to any of the following?

This would include a severe allergic reaction (for example, anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused your child to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.

A component of a COVID-19 vaccine, including either of the following:

- Polyethylene glycol (PEG), which is found in some medications, such as laxatives (**Miralax**) and preparations for colonoscopy procedures
- Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids
- A previous dose of COVID-19 vaccine
- No

4. Has your child ever had a severe allergic reaction (e.g., anaphylaxis) to something other than an ingredient of the COVID-19 vaccine or other injectable medication?

Severe allergic reactions may be caused by certain foods, pets, insects/venom, the environment, or oral medications.

- Yes
- No

5. Has your child ever received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?

- Yes
- No

6. Does your child have a history of myocarditis or pericarditis?

- Yes
- No

7. Has your child ever been diagnosed with multisystem inflammatory syndrome (MIS-C) or been severely ill (required medical care) due to a COVID-19 infection?

- Yes
- No

8. Does your child have a history of Guillain-Barré Syndrome (GBS)?

- Yes
- No

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9. Is your child moderately to severely immunocompromised as outlined by the CDC?

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
- Been otherwise told by their healthcare provider that they are moderately to severely immunocompromised

Yes

No

10. Does your child have a bleeding disorder or is he/she taking a blood thinner?

Yes

No