COVID-19 Vaccine Screening Checklist

1. Are you feeling ill today?	No ☐ Yes ☐ If yes, what symptoms?
2. Are you or could you be pregnant?	No ☐ Yes ☐
3. Are you breastfeeding?	No ☐ Yes ☐
4. Do you have any allergies? **4a. If yes: Do you have a severe allergy to polyethylene glycol (PEG)?** It can be found in some products such as cosmetics, skin care products, laxatives, cough syrups, and bowel preparation products for colonoscopy. PEG can be an additive in some processed foods and drinks but no cases of anaphylaxis to PEG in foods and drinks have been reported. 4b. If yes to #4, **have you had anaphylaxis (severe allergy) from an unknown cause? Were you seen by an allergy specialist?**	No ☐ Yes ☐ No ☐ Yes ☐ If yes, please provide details If anaphylaxis without known or obvious cause, consider referral to an allergist prior to immunization.
5. Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?	No ☐ Yes ☐ If yes, please provide details
6. Do you have an autoimmune disease?	No ☐ Yes ☐ If yes, please provide details
7. If this is your second dose, did you have any side effects after the first dose?	No ☐ Yes ☐ If yes, provide details
8. Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?	No ☐ Yes ☐ If yes, please provide the date of the other vaccine
9. Have you had previous lab-confirmed COVID-19 disease?	No ☐ Yes ☐ If yes, when?
10. Have you been hospitalized because of COVID-19 infection? If yes, were you treated with convalescent plasma or monoclonal antibody?	No ☐ Yes ☐
11. Have you ever felt faint or fainted after a past vaccination or medical procedure?	No ☐ Yes ☐ If yes, please provide details