

**PREVACCINATION CHECKLIST FOR COVID-19 VACCINES**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Questions for person receiving vaccine** | **Yes** | **No** |
| 1. Are you sick today? (fever, cough, vomiting in the last 24 hours) |  |  |
| 1. Are you currently in isolation for COVID-19 or have you been in close contact with someone who tested positive for COVID-19 in the past 14 days? |  |  |
| 1. Have you received a dose of the Covid-19 vaccine? |  |  |
| * If YES, what manufacturer? Pfizer Moderna other |  |  |
| 1. Have you received any vaccines in the past 14 days? |  |  |
| 1. Have you received antibody therapy for convalescent plasma for COVID-19 treatment in the past 90 days? |  |  |
| 1. Have you ever had a severe allergic reaction (anaphylactic) to any food, medication, vaccine or previous COVID-19 vaccine? |  |  |
| * If so, please list: |  |  |
| 1. Are you pregnant or breastfeeding? |  |  |
| 1. Do you have a weakened immune system caused by something such as cancer or HIV injection? Do you take immunosuppressive drugs or therapies? |  |  |
| 1. Do you have a bleeding disorder or are you taking a blood thinner? |  |  |

Form Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR OFFICE USE ONLY***

Manufacturer: Pfizer Moderna J&J Other\_\_\_\_\_\_\_\_\_\_\_\_

1st dose 2nd dose

Vaccination time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: Left Right

Lot Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Vaccinator: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observed for: 15 min 30 min

Cleared to leave by: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_