

## Guidance Sheet for HCPs: COVID-19 Vaccine Screening Form

**Purpose:** This document is to aid consultant in answering patient questions based upon their responses to the Vaccine Pre-Screening form.

**BOLD:** Bolded words are from the original document, word for word.

*Italicized:* Italicized words are talking points

	Yes	No	Don't Know
<b>1. Are you feeling sick today or do you have a fever today?</b>	___	___	___

*If the answer is yes, it would be good to delay the vaccine until feeling better.*

<b>2. Have you ever received a dose of the COVID-19 vaccine?</b>	___	___	___
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If yes, which vaccine product did you receive?

- Pfizer     
  Moderna     
  Another product \_\_\_\_\_

*The vaccines are not interchangeable, therefore, they should not get the MODERNA vaccine after PFIZER and vice versa. If it is a different vaccine, other than the COVID-19, go to #6.*

**3. Have you 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 you 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.)**

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|--|-----|-----|-----|
| <ul style="list-style-type: none"> <li>• <b>A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures</b></li> </ul> | ___ | ___ | ___ |
| <ul style="list-style-type: none"> <li>• <b>Polysorbate</b></li> </ul>   | ___ | ___ | ___ |
| <ul style="list-style-type: none"> <li>• <b>A previous dose of COVID-19 vaccine</b></li> </ul>   | ___ | ___ | ___ |

*If yes to an anaphylactic reaction to PEG\*, polysorbate or a previous dose of the COVID-19 vaccine, they should NOT receive the second dose.*

*If yes to having an anaphylactic reaction to anything that required them to seek medical treatment or go to the ER, they will need to be observed for 30 minutes.*

*Most allergic reactions occur in 15-30 minutes, however, they can be up to 4 hours.*

*\*PEG: This is an ingredient in solutions like Miralax® or a prep for a colonoscopy.*

<b>4. Have you 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 you 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.)</b>	___	___	___
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*Go to #5*

**5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.**

For Question #4 and #5:

If yes to an immediate allergic reaction of any severity to a vaccine or injectable therapy, they will need to be observed for 30 minutes.

If yes to a history of anaphylaxis due to any cause, they will need to be observed for 30 minutes.

All other persons should be observed for 15 minutes.

**6. Have you received any vaccine in the last 14 days?** \_\_\_\_\_

If yes, wait 14 days from last vaccine before getting the COVID-19 vaccine.

**7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that** \_\_\_\_\_

**you had COVID-19?**

If the person is recovered from the acute illness (if person had symptoms) and they met criteria for discontinuing isolation, they may receive the vaccine.

**8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?** \_\_\_\_\_

If yes, patient should not receive vaccine until at least 90 days after those treatments.

**9. Do you have a weakened immune system caused by something such as** \_\_\_\_\_

**HIV infection or cancer or do you take immunosuppressive drugs or therapies?**

If yes, the patient may be vaccinated. There is a potential for a reduced immune response.

There is no safety profile information available in immunocompromised patients.

**10. Do you have a bleeding disorder or are you taking a blood thinner?** \_\_\_\_\_

Patient may still be vaccinated. Ensure needle is 23 gauge or smaller (larger number).

Apply firm pressure on the site, without rubbing, for at least 2 minutes.

**11. Are you pregnant or breastfeeding (nursing)?** \_\_\_\_\_

MODERNA vaccine was not tested in pregnant or breastfeeding women. There is no data available; the patient should be instructed to check with their Health Care Provider(s).

If you have answered YES to any of the above questions, please speak to a nurse before receiving the vaccine.

Patients who have had any type of allergic reactions in the past will require 30 minutes of observation after the vaccine.

I have received the EUA Fact Sheet for the Moderna COVID-19 Vaccine.

I have had the opportunity to ask questions and any questions have been answered to my satisfaction.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>