

## COVID-19 VACCINATION-STUDENT CONSENT & SCREENING FORM



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## Prevaccination Checklist for COVID-19 Vaccines



For vaccine recipients:  The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. If you answer "yes"  Age			
to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked. If a			Doult
question is not clear, please ask your healthcare provider to explain it.	Yes	No	know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?  • If yes, which vaccine product did you receive?  □ Pfizer-BioNTech □ Moderna □ Janssen □ Another Product (Johnson & Johnson)			
<ul> <li>Have you received a complete COVID-19 vaccine series (i.e., 1 dose Janssen or 2 doses of an mRNA vaccine [Pfizer-BioNTech, Moderna])?</li> <li>Did you bring your vaccination record card or other documentation?</li> </ul>			
<ul> <li>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 yo to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</li> <li>A component of a COVID-19 vaccine, including either of the following:</li> </ul>	u		
<ul> <li>Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures</li> </ul>			
o Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids			
A previous dose of COVID-19 vaccine			
<b>4.</b> 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 yo to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)	u		
5. Check all that apply to you:			
☐ Am a female between ages 18 and 49 years old			
☐ Am a male between ages 12 and 29 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, veri medication allergies	nom, environme	ntal or o	oral
$\square$ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum			
$\square$ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection			
☐ Have a bleeding disorder			
☐ Take a blood thinner			
$\square$ Have a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies	S		
☐ Have a history of heparin-induced thrombocytopenia (HIT)			
☐ Am currently pregnant or breastfeeding			
☐ Have received dermal fillers			
☐ History of Guillain-Barré Syndrome (GBS)			
Form reviewed by			