**COVID-19 Vaccine Pre-Screening – Fit to Immunize**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please answer all questions by circling “Yes” or “No”***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Are you at least 12 years of age (born in 2009 or earlier)? | Yes | No |
| 2. | Do you have any allergies? | Yes | No |
| 3. | Are you sick with fever or other symptoms today? | Yes | No |
| 4. | Do you have a health condition that has required a recent doctor’s visit or will require a visit on a regular basis? | Yes | No |
| 5. | Do you take any medication regularly? | Yes | No |
| 6. | Have you ever had a reaction to any vaccine? | Yes | No |
| 7. | Have you received any other vaccine in the last 2 weeks? | Yes | No |
| 8. | Have you been tested for COVID in the last 2 weeks?If YES, results: Negative Positive Waiting for Results | Yes | No |
| The vaccine studies have not tested whether this vaccine is safe or effective for individuals who are pregnant, breastfeeding or immunocompromised. We recommend that you do not receive the immunization until you have discussed the potential risks and benefits with your doctor. However, it is your choice whether to proceed without consulting your doctor. |
| 9. | Are you pregnant? | Yes | No |
| 10. | Are you breastfeeding? | Yes | No |
| 11. | Are you immunocompromised? | Yes | No |
| 12. | Do you have any questions about COVID 19 vaccines? | Yes | No |
| **Follow-up** |
| A. | You understand that for full protection, you need a second dose. | Yes | No |
| B. | You understand that even though you have been immunized against COVID, all public health measures must still be followed. | Yes | No |

June 2, 2021