**COVID-19 Vaccine Fit to Immunize Assessment with Rationale**

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| 1. | **Are you at least 17 years of age?**  Rationale: The vaccines currently in use are licensed for use only in adults. The Moderna vaccine for those 18 years of age and older, the Pfizer vaccine for those 16 years of age and older. | | |
| 2. | **Do you have any allergies?**  Rationale: Known anaphylactic hypersensitivity to any component of the vaccine would be a contraindication. Of specific concern is polyethylene glycol [PEG]: this potential allergen can be found in bowel preparation products for colposcopy, laxatives, cough syrup, cosmetics, skin products and some food and drinks. May require evaluation by an allergist.  Individuals with a history of severe allergies must be monitored for a minimum of 30 minutes following immunization. | | |
| 3. | **Are you sick with fever or other symptoms today?**  Rationale: May require additional probing to see if possible COVID spectrum: should be immediately isolated until fully assessed. If the symptoms are not new and are associated with a chronic condition, this would not be reason for deferral of immunization; usual deferral guidance for any acute symptoms. | | |
| 4. | **Do you have a health condition that has required a recent doctor’s visit or will require a visit on a regular basis?**  Rationale: Another opportunity to assess whether there is any medical condition that may be a precaution for immunization and to help evaluate if additional monitoring or management of injection is required.  People who have the following health issues may be greater risk for complications if they develop COVID-19: heart, lung, kidney or liver problems, high blood pressure or diabetes, overweight, over age 60.  People with autoimmune disorders such as rheumatoid arthritis or lupus: there is a theoretical risk of inflammatory response/ exacerbated autoimmune disorders; however mRNA vaccines have been optimized to reduce this risk.  Immunocompromised individuals, with the exception of SOT and HSCT clients, may be immunized without consulting their primary care provider following their acknowledgement of the risks and the lack of evidence: this must be documented. | | |
| 5. | **Do you take any medication regularly?**  Rationale: Another opportunity to assess whether there is any medical condition that may be a precaution for immunization and to help evaluate if additional teaching, monitoring or management of injection is required.   * immunocompromised: lack of evidence from clinical trials.   + May have a diminished immune response.   + Depending on condition/treatment, may need to adjust date of immunization to coordinate with date of treatment after consultation with treating health professional. * taking blood thinners: may cause bleeding at site of injection – apply firm pressure for at least 1 to 5 minutes. Check with client re history of other injections, level of bleeding noted, and any extra measures. (i.e. Flu shot, tetanus booster, etc.) | | |
| 6. | **Have you ever had a reaction to any vaccine?**  Rationale: Provides the opportunity to explore what the situation was and determine whether any potential contraindication for vaccine or requirement for additional education and extended post-immunization observation (i.e. 30 minutes). May require evaluation by an allergist. | | |
| 7. | **Have you received any other vaccine in the last 2 weeks?**  Rationale: The current recommendation is a minimum of 2 weeks from any other vaccine administration. Potential for interference in immune response is unknown, and the two week period will ensure any observed adverse events can be better evaluated for cause. | | |
| 8. | **Have you been tested for COVID in the last 2 weeks?**  If YES, results: Negative Positive Waiting for Results  Rationale: This is to minimize any potential for the client being in the infectious period for COVID. If they are waiting for results, reinforce quarantine direction to stay home until results received: they should be sent home immediately. If positive in the last 2 weeks, confirm their isolation order and date when isolation can be lifted. | | |
| 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? |  |  |
| 10. | Are you breastfeeding? |  |  |
| 11. | Are you immunocompromised?  Rationale: Anyone responding “yes” to question 9, 10, and/or 11 must be informed of the current status of research as per the above statement. This conversation must be documented. | | |
| 12. | Do you have any questions about COVID 19 vaccines?  Rationale: Provide opportunity to answer any questions and ensure client is okay to proceed. | | |
| **Follow-up** | | | |
| A. | You understand that for full protection, you need a second dose. |  |  |
| B. | You understand that even though you have been immunized against COVID, all public health measures must still be followed. |  |  |

Rationale: This is to ensure that the client fully understands their responsibility to have the second dose for full protection, and that all public health measures are not impacted by immunization status.

February 16, 2021