Pre-Vaccination Checklist for COVID-19 Vaccines

Immunizer name (print):_



_ Date:_

Date of birth:				_ Last na	me:					
		Age:	Gender:	☐ Female	□ Male	Phone:				
tate:	ZIP code:	En	nail address:							
	lumber or Medicare Nu									
Race: □ American	Indian or Alaska Native	□ Asian N	ative Hawaiian or C							
thnicity: Hispa	anic or Latino □ Not Hisp	oanic or Latino	□ Unknown ethn						¬ .,,	
	actuer: Pfizer [ne following questions will h	Moderna elp us determine	Has it bed			r more si	nce your i	ast dose:	_ Yes	⊔ No
. Do you feel sick										□ Don't kno
	diagnosed with or tested p									□ Don't kno
	days have you been identifi recieved a dose of COVID-1		intact to someone w	ith COVID-19)?					☐ Don't kno ☐ Don't kno
	history of allergic reaction of		tey medications for	nd or vaccine	c (evamnl	as: nolveth	dene alveol			□ Don't kno
polysorbate, eg	gs, bovine protein, gelatin, st:	gentamicin, po	ymyxin, neomycin,	phenol, yeast	or thime	osal)?	iene giycoi,		o LINO	□ DOIT € KITO
. Have you ever l	had a reaction after receivi	ng a vaccination	, including fainting o	or feeling dizz	y?			□ Yes	□ No	□ Don't kno
. Do you have De	erma Fillers?							□ Yes	□ No	□ Don't kno
If yes, please lis	ved any vaccinations or skir st:									□ Don't kno
	weakened immune system ssive drugs or therapies?	caused by some	_			•			□ No	□ Don't kno
0. Do you have a l	bleeding disorder or are yo	u taking a blood	I thinner?					□ Yes	□ No	□ Don't kno
1. For women: Are	e you pregnant or consideri	ng becoming pr	egnant in the next r	nonth?				☐ Yes	□ No	□ Don't kno
2. Have you been	treated with antibody thera	apy specifically t	or COVID-19 (mono	clonal antibo	dies or co	nvalescent p	lasma)?	□ Yes	□ No	□ Don't kno
understand that it is not a	ossible to predict all possible side effe vaccine(s) I have elected to receive. I a buld remain near the vaccination loca	lso acknowledge that tion for observation fo visions, affiliates, subs	I have had a chance to ask or approximately 15 minute idiaries, officers, directors, c	questions and tha s after administrat	t such question. On behal	ns were answer f ofthepatient,th	ed to my received, epatient's heirs and ities or claims whe	satisfaction. Furthe d personal represer :her known or unkr	r, I acknowle tatives, I he own arising	edge that I have be
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