## COVID-19 (SARS-COV-2) Vaccine Questionnaire 2023

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The client must answer the following questions to receive the COVID-19 (SARS-COV-2) vaccine.

### Have you ever received a dose of COVID-19 vaccine?
- **Yes**
- **No**

#### If Yes, which vaccine product did you receive? (Check all that apply)
- [ ] Pfizer
- [ ] Moderna
- [ ] Janssen/J&J
- [ ] Novavax

#### If Yes, how many doses of COVID-19 vaccine have you received?
- [ ] One dose
- [ ] Two doses
- [ ] Three (or more) doses

### Were any of the prior doses of COVID-19 vaccine received an updated Pfizer or Moderna 2023-2024 XBB COVID-19 vaccine?
- **Yes**
- **No**

### Did you bring your vaccination record card or other documentation?
- **Yes**
- **No**

1. **Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something?**
   - For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?
   - **Yes**
   - **No**

2. **Have you had any immediate allergic reaction (defined as within 4 hours) to:**
   - (Note: if you aren’t sure of any of the answers below, please respond ’No.’)
   - a. a previous dose of COVID-19 vaccine?
   - b. a component of an COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?
   - c. Polysorbate?
   - d. another vaccine (other than COVID-19 vaccine) or an injectable medication for another disease?
     - i. If Yes, have you discussed with your physician if it is safe for you to get a COVID-19 vaccine?
       - **Yes**
       - **No**

3. **Are you currently experiencing acute illness and/or new or worsening high fever, chills, body aches, cough, sore throat, diarrhea, vomiting, loss of taste or smell, or shortness of breath, congestion, or runny nose?**
   - **Yes**
   - **No**

4. **Do you have current or planned immunosuppression: HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids, or other immunosuppressive medication?**
   - **Yes**
   - **No**

5. **Have you received a hematopoietic cell transplant (HCT) or CAR-T-cell therapy**
   - **Yes**
   - **No**
6. Do you have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?
   □ Yes* □ No

7. Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining surrounding the heart)?
   □ Yes* □ No

Today, you will be receiving the following COVID-19 Vaccine:*  
☐ 2023-2024 Moderna 50 mcg per 0.5 mL pre-filled syringe (Adult 12 years of age and older)  
☐ 2023-2024 Moderna 25 mcg per 0.25 mL single dose vial (Pediatric 6 months – 11 years old)  
☐ 2023-2024 Pfizer-BioNTech 3 mcg per 0.3 mL three dose vial (Pediatric 6 months – 4 years old)  

*Note – patients 6 months to 4 years of age must receive the same vaccine brand/manufacturer they received for previous doses in their vaccine series.

Form Reviewed By: ____________________________ Date: ____________________________

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Nurse/MA Instructions:

*An answer of YES to the following questions require these actions/steps:

*For individuals 5 years and older:
If patient has received any COVID-19 vaccine dose within the last 2 months and is not immunocompromised, they must wait two or more months before receiving a 2023-2024 XBB COVID-19 vaccine.  If patient attests to completion of at least ONE 2023-2024 XBB COVID-19 vaccine, they are considered up to date on vaccination.

- **For immunocompromised patients 6 months of age and older:** patient can receive an (optional) additional dose of 2023-2024 XBB COVID-19 vaccine at least 2 months following their previous dose. Additional doses can be given every 2 months as needed based on provider and patient discussion.

*For individuals 6 months to under 5 years of age: Based on history of past monovalent and bivalent doses received, patient should receive any remaining doses using the same manufacturer of 2023-2024 COVID-19 vaccine to complete:
  - A 2-dose Moderna series (3-dose if immunocompromised) OR
  - A 3-dose Pfizer series

1. **YES** = Offer to observe patient for 15 minutes after vaccination

2a., 2b., 2c. **YES** = STOP – this is a contraindication. Consult with Clinician.

2d(i) **YES** = Offer to observe patient for 15 minutes after vaccination, **NO** = STOP and consult with Clinician.

3. **YES** = Defer vaccination until symptoms have resolved

4. **YES** = Proceed with vaccination after consult with Clinician.
   - Patients who self-attest to moderate to severe immunocompromise should receive at least one dose of 2023-2024 XBB COVID-19 vaccine if not already received previously. Refer to CDC guidance for additional dose recommendations based on age group.

5. **YES** = Consult with Clinician. CDC advises to defer vaccine 12 weeks after transplant or CAR T-cell therapy. If history of COVID-19 vaccination prior to transplant or CAR T-cell therapy, CDC advises revaccination with a primary COVID-19 vaccine series.

6. **YES** = Proceed with vaccination after consult with Clinician.
   - In general administration of subsequent COVID-19 vaccine dose(s) should be considered for those whom clinical recovery from MIS-C/MIS-A has been achieved, including return to baseline cardiac function and that at least 90 days have passed since the diagnosis of MIS-C/A. For patients with onset of MIS fewer than 90 days after most recent COVID-19 vaccine dose, a provider may offer subsequent dose(s) if there is strong evidence that the MIS-C/A was a complication of a recent SARS-CoV-2 infection.

7. **YES** = Proceed with vaccination after consult with Clinician.
   - Development of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine (i.e., Moderna or Pfizer-BioNTech) or Novavax COVID-19 Vaccine is a precaution to a subsequent dose of any COVID-19 vaccine. Providers should consider the origin of myocarditis or pericarditis (e.g. being unrelated to vaccination and occurring ≥3 weeks since last COVID-19 dose), the patient’s personal risk of developing severe acute COVID-19, timing of any immunosuppressive therapy, and resolution of symptoms before administering any COVID-19 vaccine.

Include any review with Clinician in the Encounter.
1. The FDA EUA COVID-19 Vaccine Fact Sheet for Patients and Caregivers was provided (see next page.)

2. Patient is advised to go to an Emergency Department immediately if they think they are having a severe allergic reaction and report post-vaccine outcomes to VAERS at [https://vaers.hhs.gov/reportevent.html](https://vaers.hhs.gov/reportevent.html). Information on reporting adverse reactions is also in the Fact Sheet.

3. **NOTE:** If patient develops generalized symptoms of anaphylaxis during their observation period, activate the emergency response per your local affiliate policy:
   - *(SMF)* Rapid Response in the Medical Office and Ancillary Care Service Center (Policy 8748055)
   - *(GOULD)* Rapid Response Activation (Policy 8431764)
   - *(SBMF)* Medical Emergencies in the Ambulatory Setting (Policy 6075810)

Complete patient documentation in Sutter EHR Immunization Module.

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**FDA EUA COVID-19 Vaccine Fact Sheet for Patients and Caregivers**

**Moderna COVID-19 Vaccine (ages 6 months through 11 years of age)**


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**Moderna COVID-19 Vaccine (12 years of age and older)**

[https://www.fda.gov/vaccines-blood-biologics/spikevax](https://www.fda.gov/vaccines-blood-biologics/spikevax)

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**Pfizer COVID-19 Vaccine (ages 6 months through 11 years of age)**