



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

Clinic use only  
Do not write in this space

Last Name		First Name	
Address		City	Zip Code
Phone	Date of Birth	Age	Gender

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

<p>Have you ever received a dose of COVID-19 vaccine?</p> <p>If <b>Yes</b>, which vaccine product did you receive? (Check all that apply)</p> <p><input type="checkbox"/> Pfizer    <input type="checkbox"/> Moderna    <input type="checkbox"/> Janssen/J&amp;J    <input type="checkbox"/> Novavax</p> <p>If <b>Yes</b>, how many doses of COVID-19 vaccine have you received?*</p> <p><input type="checkbox"/> One dose    <input type="checkbox"/> Two doses    <input type="checkbox"/> Three (or more) doses</p> <p>Were any of the prior doses of COVID-19 vaccine received a Pfizer or Moderna “Omicron Bivalent” vaccine?*</p> <p>Did you bring your vaccination record card or other documentation?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>1.</b> 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?</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<p><b>2.</b> Have you had any immediate allergic reaction (defined as within 4 hours) to:</p> <p><i>(Note: if you aren't sure of any of the answers below, please respond 'No.')</i></p> <p>a. a previous dose of COVID-19 vaccine?</p> <p>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?</p> <p>c. Polysorbate?</p> <p>d. another vaccine (other than COVID-19 vaccine) or an injectable medication for another disease?</p> <p style="margin-left: 20px;">i. If <b>Yes</b>, have you discussed with your physician if it is safe for you to get a COVID-19 vaccine?</p> <p style="margin-left: 40px;"><input type="checkbox"/> Yes*    <input type="checkbox"/> No*</p>	<p>a. <input type="checkbox"/> Yes*</p> <p>b. <input type="checkbox"/> Yes*</p> <p>c. <input type="checkbox"/> Yes*</p> <p>d. <input type="checkbox"/> Yes*</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
<p><b>3.</b> 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?</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<p><b>4.</b> Do you have a history of Guillain-Barré Syndrome (GBS)?</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<p><b>5.</b> Do you have a history of immune mediated syndrome characterized by clotting and low platelet count (e.g. heparin-induced thrombocytopenia (HIT)?</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

6. Do you have current or planned immunosuppression: HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids, or other immunosuppressive medication?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
7. Have you received a hematopoietic cell transplant (HCT) or CAR-T-cell therapy since receiving COVID-19 vaccine?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
8. Do you have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
9. Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining surrounding the heart?)	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

<p><b>Today, you will be receiving the following COVID-19 Vaccine:</b></p> <p><input type="checkbox"/> Pfizer Omicron Bivalent                      <input type="checkbox"/> Moderna Omicron Bivalent</p>	
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Form Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Clinical Use Only. Do not write below this line.**

**Nurse/MA Instructions:**

<b>*An answer of YES to the following questions require these actions/steps:</b>	
<p><b>*For individuals 6 years and older:</b> If patient attests to completion of at least ONE Omicron Bivalent COVID-19 vaccine, they are considered up to date on vaccination.</p> <ul style="list-style-type: none"> <li>• <b>For patients 65 years of age and older:</b> patient can receive an (optional) second dose of Omicron Bivalent COVID-19 vaccine at least 4 months following their previous Bivalent dose.</li> <li>• <b>For immunocompromised patients 6 years of age and older:</b> patient can receive an (optional) second dose of Omicron Bivalent COVID-19 vaccine at least 2 months following their previous Bivalent dose. Additional Omicron bivalent doses can be given every 2 months as needed based on provider and patient discussion.</li> </ul> <p>• .</p> <p><b>*For individuals 6 months to 5 years of age:†</b> Based on history of past monovalent and bivalent doses received, patient should receive any remaining doses using the Omicron Bivalent COVID-19 vaccine to complete:</p> <ul style="list-style-type: none"> <li>• A 2-dose Moderna 6 months to 5 years series OR</li> <li>• A 3-dose Pfizer 6 months to 4 years series</li> </ul>	
†A patient between the ages of 5 and 6 years can also receive a 1 dose Pfizer 5-11 Omicron Bivalent vaccine series as an alternative regimen.	
<b>1.</b>	<b>YES</b> = Offer to observe patient for 15 minutes after vaccination
<b>2a., 2b., 2c.</b>	<b>YES = STOP</b> – this is a contraindication. Consult with Clinician.
<b>2d.i.</b>	<b>YES</b> = Offer to observe patient for 15 minutes after vaccination, <b>NO = STOP</b> and consult with Clinician.
<b>3.</b>	<b>YES</b> = Defer vaccination until symptoms have resolved
<b>4.</b>	<b>YES</b> = Proceed with vaccination. Patients who previously received Janssen (J&J) vaccine should now receive a Pfizer or Moderna Omicron Bivalent Vaccine. according to CDC guidance. Novavax COVID-19 vaccine can be considered if the patient has a contraindication or is unwilling to receive an Omicron bivalent vaccine.
<b>5.</b>	<b>YES</b> = Proceed with vaccination. Patients who previously received Janssen (J&J) vaccine should now receive a Pfizer or Moderna Omicron Bivalent Vaccine according to CDC guidance. Novavax COVID-19 vaccine can be considered if the patient has a contraindication or is unwilling to receive an Omicron bivalent vaccine.
<b>6.</b>	<p><b>YES</b> = Proceed with vaccination after consult with Clinician.</p> <ul style="list-style-type: none"> <li>• Patients who self-attest to moderate to severe immunocompromise should receive at least one dose of Omicron Bivalent vaccine if not already received previously. Refer to CDC guidance for additional dose recommendations based on age group.</li> <li>• If primary series doses were Novavax: Patients who self-attest to moderate to severe immunocompromise can receive an Omicron bivalent vaccine 2 months after their second dose if not already received previously.</li> </ul>
<b>7.</b>	<b>YES</b> = 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 Omicron Bivalent COVID-19 vaccine series.
<b>8.</b>	<p><b>YES</b> = Proceed with vaccination after consult with Clinician.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>


<b>9.</b>	<p><b>YES</b> = Proceed with vaccination after consult with Clinician.</p> <ul style="list-style-type: none"> <li>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 <math>\geq 3</math> 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.</li> </ul>
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**Include any review with Clinician in the Encounter.**

<b>Ensure:</b>	
<b>1.</b>	The FDA EUA COVID-19 Vaccine Fact Sheet for Patients and Caregivers was provided (see next page.)
<b>2.</b>	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 <a href="https://vaers.hhs.gov/reportevent.html">https://vaers.hhs.gov/reportevent.html</a> . Information on reporting adverse reactions is also in the Fact Sheet.
<b>3.</b>	<p><b>NOTE:</b> If patient develops generalized symptoms of anaphylaxis during their observation period, activate the emergency response per your local affiliate policy:</p> <ul style="list-style-type: none"> <li><a href="#">(SMF) Rapid Response in the Medical Office and Ancillary Care Service Center (Policy 8748055)</a></li> <li><a href="#">(GOULD) Rapid Response Activation (Policy 8431764)</a></li> <li><a href="#">(SBMF) Medical Emergencies in the Ambulatory Setting (Policy 6075810)</a></li> </ul>

**Complete patient documentation in Sutter EHR Immunization Module.**

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

<b>Moderna Omicron Bivalent Vaccine (ages 6 months and older)</b>	
<a href="https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine">https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine</a>	

<b>Pfizer Omicron Bivalent Vaccine (ages 6 months and older)</b>	
<a href="https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine#additional">https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine#additional</a>	

<b>Novavax (ages 12 years and older)</b>	
<a href="https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/novavax-covid-19-vaccine-adjuvanted">https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/novavax-covid-19-vaccine-adjuvanted</a>	