Sutter Health

COVID-19 (SARS-COV-2) Vaccine Questionnaire 2021

Clinic use only
Do not write in this space

Last Name	First Name	Date of Birth	Age

Address	City	Phone

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

Have you ever received a dose of COVID-19 vaccine? If **Yes**, which vaccine product did you receive? ☐ Pfizer ☐ Moderna ☐ Janssen/J&J* • ***If YES to Janssen/J&J COVID-19 vaccine, no other doses are needed. Please do not proceed with questionnaire.***	☐ 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 a COVID-19 vaccine b. a component of a COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? c. Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids? 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***	a. ☐ Yes b. ☐ Yes c. ☐ Yes d. ☐ Yes	☐ No ☐ No ☐ No ☐ No
3. Do you currently have an 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. Have you received a single intravenous infusion (antibody therapy) as treatment for COVID-19 **within the last 90 days**?	☐ Yes	☐ No
5. Have you had a positive test for COVID-19 or has a doctor told you that you had COVID-19 in last 10 days?	☐ Yes	☐ No
6. Do you have current or planned immunosuppression: HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids, or other immunosuppressive medication?	☐ Yes	☐ No

7. Do you have a bleeding disorder or are you taking a blood thinner?	☐ Yes	☐ No
8. ***Females only*:** Are you pregnant at this time or do you plan to become pregnant in the next 2 months?	☐ Yes	☐ No
9. ***Females only*:** Are you currently breastfeeding?	☐ Yes	☐ No

Today, you will be receiving the following COVID-19 Vaccine:

☐ Pfizer ☐ Moderna ☐ Janssen/J&J

Form Reviewed By_____Date_____

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