



## Pre-Vaccination Form for Pfizer-BioNTech COVID-19 Vaccine

Patient Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

*For Vaccine recipients:*

*The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.*

Questions:	Yes	No	Don't Know
1. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? If yes, date: _____ <small>Recommendation to wait 60 days for vaccine</small>			
2. Have you received passive antibody therapy (monoclonal antibodies (Bamlanivimab (BAM), or Convalescent serum) as treatment for COVID-19? <small>Recommendation to wait 90 days</small>			
3. Are you pregnant or breastfeeding? <small>Recommendation: ask your PCP.</small>			
4. Are you feeling sick today?			
5. Have you ever received a dose of COVID-19 vaccine? If yes, which vaccine product? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product _____			
6. 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?			
<input type="radio"/> Was the severe allergic reaction after receiving a COVID-19 vaccine?			
<input type="radio"/> Was the severe allergic reaction after receiving another vaccine or another injectable medication?			
7. Have you received another vaccine in the last 14 days? <small>The COVID-19 vaccine series should be administered alone, with a minimum interval of 14 days before or after administration of other vaccines</small>			
8. Do you have a bleeding disorder or are you taking a blood thinner? <small>Will need a slightly different administration protocol</small>			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			

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Form Completed By Date Time

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Form Reviewed By Date Time