

**Please read carefully the below assessment questions.
Think about your answers. The vaccinators will be
with you shortly and **get answers from you verbally.****

PFIZER or Moderna COVID Vaccine Pre-Screening Assessment

1. Have you been sick in the past few days? Yes No
Do you have symptoms of COVID-19 or have a fever today? Yes No
2. Have you had a serious allergic reaction or a reaction within 4 hours to the COVID-19 vaccine before? Yes No
3. Do you have allergies to polyethylene glycol, tromethamine (Moderna only) or polysorbate? Yes No
4. Have you had a serious allergic reaction to a vaccine or medication given by injection (e.g., IV, IM), needing medical care? Yes No
5. Have you received a vaccine in the past 14 days? Yes No
6. Are you or could you be pregnant or breastfeeding? Yes No
7. If pregnant, have you spoken with your treating health care provider about getting the vaccine? Yes No
8. Do you have a weakened immune system or are you taking any medications that can weaken your immune system (e.g., high dose steroids, chemotherapy)? Yes No
 - If yes, are you receiving stem cell therapy, CAR-T therapy, chemotherapy, immune checkpoint inhibitors, monoclonal antibodies or other targeted agents? Yes No
 - If yes on one of the therapies listed: Have you spoken with your treating health care provider about getting the vaccine? Yes No
9. Do you have an autoimmune condition? Yes No
10. Do you have a bleeding disorder or are taking blood thinning? Yes No
11. Have you ever felt faint or fainted after receiving a vaccine or medical procedure? Yes No

Pre-screening Assessment Completed