



The following questions will help us determine if you can be vaccinated today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. If a question is not clear, please ask for help.

**Are you 12 years of age or older?**

**Yes**

**No**

**Don't  
Know**

Are you sick today			
Do you have a fever?			
Do you have allergies to any medications or vaccines?			
Do you have allergies to any of the components of the Pfizer COVID-19 Vaccine?			
Have you ever had an allergic reaction to an injectable medication or vaccine?			
Have you ever had a severe allergic reaction requiring adrenaline (epinephrine) or an emergency room visit.			
Have you had a previous dose of the Pfizer COVID-19 vaccine? If other vaccine: please specify:			
Have you received any other vaccines in the last 14 days?			
Are you scheduled for any other vaccines in the next 14 days?			
Do you have a bleeding disorder or are you taking blood thinner type medication?			
Have you been diagnosed with COVID-19 infection? If so, date of positive test:			
Have you been exposed to COVID-19 and are still in quarantine?			
Have you received antibody or plasma therapy for COVID-19?			
Do you have an immunosuppressive condition or are you taking immunosuppressive medications?			
Are you currently pregnant or breastfeeding?			
Do you have any questions?			

By signing this for I give permission for the administration of a COVID-19 vaccine and that my information is correct and (1) I have read the vaccine information sheet or Emergency Use Authorization or someone has read it to me. (2) I understand the risks and benefits of being vaccinated. (3) I understand that I can opt out of IRIS by going to [www.immunizeidaho.com](http://www.immunizeidaho.com) and complete the opt out form. (4) Any questions I had about the COVID-19 vaccine have been answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ DOB: \_\_\_\_\_

**For Internal Use Only**

Form Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Pfizer-BioNTech COVID-19 Vaccine: Lot#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Site: \_\_\_\_\_

Name of Person Administering Vaccine: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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



Information for Healthcare Professionals about the Pre-Vaccination Form for Pfizer-BioNTech COVID-19 Vaccine.

**For additional information on COVID-19 vaccine recommendations, see:**

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html>

**For additional information on ACIP general recommendations, see:**

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>

## Are you feeling sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. **Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination.** Do not withhold vaccination if a person is taking antibiotics. **Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation.** While there is no minimum interval between infection and vaccination, current evidence suggests reinfection is uncommon in the 90 days after initial infection. Persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired.

## Have you ever received a dose of COVID-19 vaccine?

**Two doses of the same COVID-19 vaccine product are recommended.** Check medical records, immunization information systems, and vaccination record cards to help determine the initial product received. Those who received a trial vaccine should consult with the trial sponsors to determine if it is feasible to receive additional doses.

## 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?

Allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine. **HOWEVER, individuals who have had severe allergic reactions to something, regardless of cause, should be observed for 30 minutes after vaccination.** All other persons should be observed for 15 minutes.

## Was the severe allergic reaction after receiving a COVID-19 vaccine?

**History of severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of the COVID-19 vaccine product being offered is a contraindication to that COVID-19 vaccine.**

## Was the severe allergic reaction after receiving another vaccine or another injectable medication?

A history of mild allergic reaction to a vaccine or injectable therapy is not a precaution to vaccination. History of severe allergic reaction (e.g., anaphylaxis) to another vaccine or a component of another vaccine OR anaphylactic reaction to any other injectable medication is a **precaution to currently authorized COVID-19 vaccine.** Vaccine may be given, but counsel patients about unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination. These individuals should be observed for 30 minutes after vaccination.

## Do you have a bleeding disorder or are you taking a blood thinner?

COVID-19 vaccine may be given to these patients, if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

## Have you received passive antibody therapy as treatment for COVID-19?

Based on the estimated half-life of monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, **vaccination should be deferred for at least 90 days,** as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses.

## » Considerations

**Immunocompromise** is not a contraindication to current COVID-19 vaccine, including those with cancer, leukemia, HIV/AIDS and other immune system problems or taking medication that affects their immune systems. However, patients should be informed that the vaccine might be less effective than in someone who is immunocompetent.

**Pregnancy** is not a contraindication to current COVID-19 vaccine. While there are currently no available data on the safety of COVID-19 vaccines in pregnant people, studies and results are expected soon. Pregnant people may choose to get vaccinated. Observational data demonstrate that while the absolute risk is low, pregnant people with COVID-19 have an increased risk of severe illness.

**Lactation** is not a contraindication to current COVID-19 vaccine. Lactating people may choose to be vaccinated. There is no data available for lactating people on the effects of mRNA vaccines.