Queensland Government

COVID-19 Pre-Vaccination Screening Questions

Facility: .....

Medicare number:

Family name:

Given name(s):

Address:

Date of birth: Age: Sex: ☐ M ☐ F ☐ I

To be completed by the person (or substitute decision-maker/parent/legal guardian/other person) to be vaccinated.

Vaccination screening questions

Do you currently have a fever (temperature >38.5°C) or are you feeling sick today?	☐ ***YES***	☐ No
Have you had allergen immunotherapy (AIT) or venom immunotherapy (VIT) injections in the previous 48 hours?	☐ ***YES***	☐ No
Have you had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion in the last 24 hours?	☐ ***YES***	☐ No
Have you had the Pfizer COVID-19 vaccine in the last 21 days *OR* the AstraZeneca COVID-19 vaccine in the last 28 days?	☐ ***YES***	☐ No
Have you received any other vaccine (e.g. flu, tetanus) in the last 14 days?	☐ ***YES***	☐ No
Are you pregnant, think you might be pregnant or planning to fall pregnant?	☐ ***YES***	☐ No
Have you ever had an allergic reaction following a vaccination?	☐ **Yes**	☐ No
Are you allergic to a COVID-19 vaccination ingredient*?	☐ **Yes**	☐ No
Do you have any allergies, particularly anaphylaxis to anything, or carry or have been prescribed an adrenaline auto-injector (e.g. EpiPen or Emerade)?	☐ **Yes**	☐ No
Are you younger than 18 years of age?	☐ **Yes**	☐ No
Do you have a mast cell disorder?	☐ **Yes**	☐ No
Do you have a condition or take medication or treatment that weakens your immune system (immunocompromised)?	☐ **Yes**	☐ No
Do you have a past history of Guillain-Barre syndrome?	☐ **Yes**	☐ No
Do you have a bleeding disorder, or take any blood thinning medication (anticoagulants)?	☐ **Yes**	☐ No
Have you ever fainted after having a vaccination?	☐ **Yes**	☐ No
Have you had COVID-19 before?	☐ **Yes**	☐ No

If you have answered *YES* to any of the above questions, please raise with the relevant health worker at your vaccination site prior to your vaccination.

HEALTH WORKER COMMENTS ONLY

Proceed with vaccination? ☐ Yes ☐ No | Monitoring time: ☐ 15min ☐ 30min

Comments:

Note: It is recommended the vaccination not proceed today if shaded questions are answered YES. If there is clinical indication for the vaccination to proceed, please provide reason above.

***AstraZeneca (ChAdOx1-S) COVID-19 Vaccine includes the following ingredients:** chAdOx1-S, disodium edetate, ethanol absolute, histidine hydrochloride monohydrate, histidine, magnesium chloride hexahydrate, polysorbate 80, sodium chloride and sucrose.

***Pfizer-Comirnaty BNT162b2 [mRNA] COVID-19 Vaccine includes the following ingredients:** mRNA, ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis (2-hexyldecanoate) (ALC-0315), 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159), distearoylphosphatidylcholine (DSPC), cholesterol, potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate and sucrose.

CHECK-IN TIME (24hr): ..... : .....

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COVID-19 PRE-VACCINATION SCREENING QUESTIONS