# COVID-19 Pre-Vaccination Screening Questions

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

### Vaccination screening questions

1. Have you had a severe reaction to any vaccine in the past?
   - Please describe/specify: [ ] Yes [ ] No [ ] Unsure

2. Do you have any severe allergies or anaphylaxis to anything, have a mast cell disorder, or carry or have been prescribed an adrenaline auto-injector (e.g. EpiPen or Emerade)?
   - Please describe/specify: [ ] Yes [ ] No [ ] Unsure

3. Are you allergic to polyethylene glycol, polysorbate 80 or any other COVID-19 vaccination ingredient*?
   - Please describe/specify: [ ] Yes [ ] No [ ] Unsure

4. Have you ever had abnormal blood clots in veins of your spleen, abdominal organs or brain or elsewhere; problems with the drug heparin or; antiphospholipid syndrome?
   - Please describe/specify: [ ] Yes [ ] No [ ] Unsure

5. Do you currently feel unwell or have a fever today?
   - [ ] YES [ ] No

6. Have you had a COVID-19 vaccine in the last 28 days?
   - Please specify date(s) and brands of vaccines: ...........................................................
   - [ ] Yes [ ] No [ ] Unsure

7. Have you had any other vaccine in the past 7 days?
   - Please specify date(s) and brands of vaccines: ...........................................................
   - [ ] Yes [ ] No [ ] Unsure

8. Have you had any injections, infusions (including immunoglobulins) or transfusions of blood products in the previous 48 hours?
   - Please describe/specify: [ ] Yes [ ] No [ ] Unsure

9. Do you have a condition or take medication or treatment that weakens your immune system (immunocompromised)?
   - Please describe/specify: [ ] Yes [ ] No [ ] Unsure

10. Are you pregnant or trying to fall pregnant?
    - [ ] YES [ ] No [ ] Unsure

**If you have answered YES or Unsure 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:

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[ ] 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/BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, (4-hydroxypivaldehyde)(bis)(hexane-6,1-diy)(bis (2-hydroxydecanoate) (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.

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*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.*

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