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Health Director

TOE RIVER HEALTH DISTRICT
Avery, Mitchell, & Yancey County
Health Departments

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Medical Directors



Jim Deaton, Chair
Board of Health

Patient Name: _____

Age: _____

Prevaccination Checklist for COVID-19 Vaccines

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 a question 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. is not clear, please ask your healthcare provider to explain it.

Prescreening Questions	Yes	No	I do not know
1. Are you feeling sick?			
2. Have you ever received a dose of COVID-19 vaccine?			
• If yes, which vaccine product did you receive? Pfizer Moderna			
3. Have you ever had an allergic reaction to the following items?			
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures:			
• Polysorbate			
• A previous dose of COVID-19 vaccine			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?			
5. Have you ever had a severe allergic reaction (anaphylaxis) to something?			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
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?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Are you pregnant or breastfeeding?			

Form reviewed by: _____

Date: _____