



COVID-19 (SARS-COV-2) Vaccine Questionnaire 2023

Clinic use only
Do not write in this space

Last Name		First Name	
Address		City	Zip Code
Phone	Date of Birth	Age	Gender

The client must answer the following questions to receive the COVID-19 (SARS-COV-2) vaccine.

<p>Have you ever received a dose of COVID-19 vaccine?</p> <p style="margin-left: 20px;">If Yes, which vaccine product did you receive? (Check all that apply) *</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen/J&J <input type="checkbox"/> Novavax</p> <p style="margin-left: 20px;">If Yes, how many doses of COVID-19 vaccine have you received? *</p> <p style="margin-left: 20px;"><input type="checkbox"/> One dose <input type="checkbox"/> Two doses <input type="checkbox"/> Three (or more) doses</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Were any of the prior doses of COVID-19 vaccine received an updated Pfizer or Moderna 2023-2024 XBB COVID-19 vaccine?*</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Did you bring your vaccination record card or other documentation?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>1. 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?</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<p>2. Have you had any immediate allergic reaction (defined as within 4 hours) to:</p> <p style="margin-left: 20px;"><i>(Note: if you aren't sure of any of the answers below, please respond 'No.')</i></p> <p style="margin-left: 20px;">a. a previous dose of COVID-19 vaccine?</p> <p style="margin-left: 20px;">b. a component of an COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?</p> <p style="margin-left: 20px;">c. Polysorbate?</p> <p style="margin-left: 20px;">d. another vaccine (other than COVID-19 vaccine) or an injectable medication for another disease?</p> <p style="margin-left: 40px;">i. If Yes, have you discussed with your physician if it is safe for you to get a COVID-19 vaccine?</p> <p style="margin-left: 60px;"><input type="checkbox"/> Yes* <input type="checkbox"/> No*</p>	<p>a. <input type="checkbox"/> Yes*</p> <p>b. <input type="checkbox"/> Yes*</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
<p>3. Are you currently experiencing acute illness and/or new or worsening high fever, chills, body aches, cough, sore throat, diarrhea, vomiting, loss of taste or smell, or shortness of breath, congestion, or runny nose?</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<p>4. Do you have current or planned immunosuppression: HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids, or other immunosuppressive medication?</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<p>5. Have you received a hematopoietic cell transplant (HCT) or CAR-T-cell therapy</p>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

since receiving COVID-19 vaccine?		
6. Do you have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
7. Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining surrounding the heart?)	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

Today, you will be receiving the following COVID-19 Vaccine:*

- 2023-2024 Moderna 50 mcg per 0.5 mL pre-filled syringe (Adult 12 years of age and older)
- 2023-2024 Moderna 25 mcg per 0.25 mL single dose vial (Pediatric 6 months – 11 years old)
- 2023-2024 Pfizer-BioNTech 3 mcg per 0.3 mL three dose vial (Pediatric 6 months – 4 years old)

*Note – patients 6 months to 4 years of age must receive the same vaccine brand/manufacturer they received for previous doses in their vaccine series.

Form Reviewed By: _____ Date: _____

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For Clinical Use Only. Do not write below this line.

Nurse/MA Instructions:

*An answer of YES to the following questions require these actions/steps:	
<p>*For individuals 5 years and older: If patient has received any COVID-19 vaccine dose within the last 2 months and is not immunocompromised, they must wait two or more months before receiving a 2023-2024 XBB COVID-19 vaccine. If patient attests to completion of at least ONE 2023-2024 XBB COVID-19 vaccine, they are considered up to date on vaccination.</p> <ul style="list-style-type: none"> • For immunocompromised patients 6 months of age and older: patient can receive an (optional) additional dose of 2023-2024 XBB COVID-19 vaccine at least 2 months following their previous dose. Additional doses can be given every 2 months as needed based on provider and patient discussion. <p>*For individuals 6 months to under 5 years of age: Based on history of past monovalent and bivalent doses received, patient should receive any remaining doses using the same manufacturer of 2023-2024 COVID-19 vaccine to complete:</p> <ul style="list-style-type: none"> • A 2-dose Moderna series (3-dose if immunocompromised) OR • A 3-dose Pfizer series 	
1.	YES = Offer to observe patient for 15 minutes after vaccination
2a., 2b., 2c.	YES = STOP – this is a contraindication. Consult with Clinician.
2d(i)	YES = Offer to observe patient for 15 minutes after vaccination, NO = STOP and consult with Clinician.
3.	YES = Defer vaccination until symptoms have resolved
4.	<p>YES = Proceed with vaccination after consult with Clinician.</p> <ul style="list-style-type: none"> • Patients who self-attest to moderate to severe immunocompromise should receive at least one dose of 2023-2024 XBB COVID-19 vaccine if not already received previously. Refer to CDC guidance for additional dose recommendations based on age group.
5.	YES = Consult with Clinician. CDC advises to defer vaccine 12 weeks after transplant or CAR T-cell therapy. If history of COVID-19 vaccination prior to transplant or CAR T-cell therapy, CDC advises revaccination with a primary COVID-19 vaccine series.
6.	<p>YES = Proceed with vaccination after consult with Clinician.</p> <ul style="list-style-type: none"> • In general administration of subsequent COVID-19 vaccine dose(s) should be considered for those whom clinical recovery from MIS-C/MIS-A has been achieved, including return to baseline cardiac function and that at least 90 days have passed since the diagnosis of MIS-C/A. For patients with onset of MIS fewer than 90 days after most recent COVID-19 vaccine dose, a provider may offer subsequent dose(s) if there is strong evidence that the MIS-C/A was a complication of a recent SARS-CoV-2 infection.
7.	<p>YES = Proceed with vaccination after consult with Clinician.</p> <ul style="list-style-type: none"> • Development of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine (i.e., Moderna or Pfizer-BioNTech) or Novavax COVID-19 Vaccine is a precaution to a subsequent dose of any COVID-19 vaccine. Providers should consider the origin of myocarditis or pericarditis (e.g. being unrelated to vaccination and occurring ≥ 3 weeks since last COVID-19 dose), the patient’s personal risk of developing severe acute COVID-19, timing of any immunosuppressive therapy, and resolution of symptoms before administering any COVID-19 vaccine.


Include any review with Clinician in the Encounter.


Ensure:

1.	The FDA EUA COVID-19 Vaccine Fact Sheet for Patients and Caregivers was provided (see next page.)
2.	Patient is advised to go to an Emergency Department immediately if they think they are having a severe allergic reaction and report post-vaccine outcomes to VAERS at https://vaers.hhs.gov/reportevent.html . Information on reporting adverse reactions is also in the Fact Sheet.
3.	<p>NOTE: If patient develops generalized symptoms of anaphylaxis during their observation period, activate the emergency response per your local affiliate policy:</p> <ul style="list-style-type: none"> • (SMF) Rapid Response in the Medical Office and Ancillary Care Service Center (Policy 8748055) • (GOULD) Rapid Response Activation (Policy 8431764) • (SBMF) Medical Emergencies in the Ambulatory Setting (Policy 6075810)

Complete patient documentation in Sutter EHR Immunization Module.

FDA EUA COVID-19 Vaccine Fact Sheet for Patients and Caregivers

Moderna COVID-19 Vaccine (ages 6 months through 11 years of age)	
https://www.fda.gov/vaccines-blood-biologics/coronavirus-covid-19-cber-regulated-biologics/moderna-covid-19-vaccines	

Moderna COVID-19 Vaccine (12 years of age and older)	
https://www.fda.gov/vaccines-blood-biologics/spikevax	

Pfizer COVID-19 Vaccine (ages 6 months through 11 years of age)	
https://www.fda.gov/vaccines-blood-biologics/coronavirus-covid-19-cber-regulated-biologics/pfizer-biontech-covid-19-vaccines	