Pfizer-BioNTech COVID-19 Pre-Vaccination Screening Form



Updated Jan 15, 2021

| CLIENT INFORMATION | | | | | Clinic Location |
|---------------------------|------|-------|-----|------|---------------------|
| Client's Last Name | | | | | Client's First Name |
| Date of Birth: | Year | Month | Day | Age: | Today's Date: |

VACCINATION HISTORY

| Have you received a previous | 19 vaccine? | Yes | No | |
|------------------------------------|-----------------|---------|----|--|
| If yes, name of the vaccine: | Pfizer-BioNTech | Moderna | | |
| Date of vaccination: <u>Year</u> / | Month / Day. | | | |

HEALTH ASSESSMENT

| a) Do you have COVID-19 symptoms or a fever? | |
|---|-------------|
| b) Did you have a serious/ allergic reaction to your first dose of Pfizer-BioNTech COVID-19 vaccine? | |
| c) Do you have a severe allergy to polyethylene glycol (PEG) or any vaccine ingredient? | |
| d) Have you received a flu vaccine or any vaccine in the past 14 days? | YES ONO |
| e) Are you or could you be pregnant? Or are you breastfeeding? | YES NO |
| f) Do you have a weakened immunity due to illness/ treatment? | YES ONO |
| g) Do you have an autoimmune disorder? | YES NO |
| h) Do you have a bleeding disorder? | YES ONO |
| i) Do you have a history of fainting? | YES ONO |
| If you answered "yes" to questions b.e.e.f.g.exb. place discuss your situation with a | h a a l t h |

If you answered "yes" to questions **b**, **c**, **e**, **f**, **g**, **or h**, please discuss your situation with a health care provider and complete the <u>Confirmation Form</u> before attending the clinic.

j) Do you have a completed <u>Confirmation form</u>?

Did you read the mRNA COVID-19 vaccine fact sheet?

CONSENT

At the clinic you will be asked to consent to receive the vaccine, and to allow for your vaccination to be registered in the provincial vaccine *Covax* registry. You will also have the opportunity to ask questions about the expected benefits, and possible risks and side effects of the vaccine as well as the possible risks should you choose not to get vaccinated.



()YES ()NO

()YES ()NO

Pfizer-BioNTech Vaccine Ingredients

| active ingredient | mRNA |
|------------------------|--|
| | (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), |
| lipids | 2[(polyethylene glycol [PEG])-2000]-N,N-ditetradecylacetamide, |
| lipids | 1,2-distearoyl-sn-glycero-3-phosphocholine, |
| | cholesterol |
| salts, sugars, buffers | potassium chloride, monobasic potassium, phosphate, sodium chloride, dibasic sodium phosphate dehydrate, sucrose, sodium chloride |

Polyethylene glycol (PEG) - in mRNA vaccines

PEG is commonly used to stabilize or preserve a variety of products, including some vaccines and medicine. Other products containing PEG include:

- Laxatives, bowel prep products for colonoscopy, ultrasound gel, derma fillers, and cough syrup;
- Cosmetics, skin creams, shampoos, toothpastes, hair products, and contact lenses and solutions; and
- Some foods, but allergic reactions to PEG in food/drinks have not been documented.

