



Adult COVID-19 Vaccine Screening Questions (Clients 12 years+)

Your vaccinator will ask you the following questions. Please review them while you wait.

1.	Have you been diagnosed with myocarditis or pericarditis following an mRNA COVID-19 vaccine? If yes, the next dose of mRNA vaccine should be deferred.
2.	Have you ever had myocarditis or pericarditis before? If yes, consult your clinical team for individual considerations and recommendations. If the diagnosis was a long time ago and you are no longer being followed clinically for cardiac issues, you may be vaccinated.
3.	Do you have today, or have you recently had, new or unexplained shortness of breath or chest pain? If yes, consult your health care provider prior to vaccination and / or if symptoms are severe, call 911.
4.	Have you been sick in the past few days? Do you have symptoms of COVID-19 or have a fever today?
5.	Have you had a serious allergic reaction or a reaction within 4 hours to the COVID-19 vaccine before?
6.	Do you have allergies to polyethylene glycol, tromethamine, or polysorbate?
7.	Have you had a serious allergic reaction to a vaccine or medication given by injection (e.g. IV, IM), needing medical care?
8.	Do you have a weakened immune system or are you taking any medications that can weaken your immune system (e.g. high-dose steroids, chemotherapy)? a. If yes, are you receiving stem cell therapy, CAR-T therapy, chemotherapy, immune checkpoint inhibitors, monoclonal antibodies, or other targeted agents? b. If on one of the therapies listed above, have you spoken with your treating health care provider about when to get the vaccine?
9.	Do you have a bleeding disorder or are you taking blood thinning medications?
10.	Have you ever felt faint or fainted after receiving a vaccine or medical procedure?