

<b>COVID-19 Vaccine Screening Form</b>	YES	NO
<b>1. Are you younger than 18 years old?</b> If so, what is your birthdate? _____		
<b>2. Have you ever had an allergic reaction to:</b> (includes either severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen or caused you to go to the hospital <b>and/or</b> allergic reaction that occurred within 4 hours of injection that caused hives, swelling, or respiratory distress, including wheezing)		
a) A component of a COVID-19 vaccine including either of the following: <ul style="list-style-type: none"> <li>• <b>Polyethylene glycol (PEG)</b> (in some medications, such as laxatives and preparations for colonoscopy procedures)*</li> <li>• <b>Polysorbate</b> (in some vaccines, film-coated tablets, and intravenous steroids)*</li> </ul>		
b) A <b>previous dose of COVID-19 vaccine*</b>		
c) A <b>vaccine or injectable therapy</b> that contains multiple components, one of which is a COVID-19 vaccine component ( <b>See reverse for components.</b> )*		
<b>3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something <u>other</u> than a component of COVID-19 vaccine, or to any vaccine or injectable medication?</b> Includes food, pet, environmental, or medication allergies. ( <b>See reverse for allergy information.</b> )*		
<b>4. Have you received monoclonal antibody or convalescent plasma treatments for COVID-19 within the past 90 days?*</b>		
<b>5. Do you have a fever of 100.5°F or are you moderately or very ill today?*</b>		
<b>6. Are you currently quarantining due to a positive COVID-19 test or exposure to someone with COVID-19?*</b>		
<b>7. Have you received any other vaccines (e.g., flu, pneumonia, or shingles shot) in the past 14 days, or do you have plans to get any vaccines in the next 2 weeks?*</b>		
<b>8. Have you had blood clots that are immune-related (e.g., heparin-induced thrombocytopenia) within the past 180 days? (See reverse.)</b>		

\*If yes, requires 30-minute observation period. \*\*If yes, will need to reschedule vaccine for future date.

BELOW COMPLETED BY VACCINE STAFF: Only complete if KPHC is unavailable					
LIM#	Vaccine Descriptor as in KIDDS	Type	Age	Dose/Route/Site	
1111	COVID-19, mRNA, LNP-S, PF (Pfizer-BioNTech)	MDV	16+ yrs	0.3 mL IM L/R Deltoid	
1110	COVID-19, mRNA, LNP-S, PF (Moderna)	MDV	18+ yrs	0.5 mL IM L/R Deltoid	
1118	COVID-19 vaccine, PF (Janssen/J&J)	MDV	18+ yrs	0.5 mL IM L/R Deltoid	

**Lot and Expiration Date:** \_\_\_\_\_

**Administered by (PRINT name and title in the boxes below):**

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Signature: \_\_\_\_\_ Date Administered: \_\_\_\_\_ (MM/DD/YYYY)

## COVID-19 Vaccine Components

Johnson & Johnson/Janssen	Pfizer-BioNTech	Moderna
recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein	messenger ribonucleic acid (mRNA)	messenger ribonucleic acid (mRNA)
citric acid monohydrate	2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	[PEG] 2000 dimyristoyl glycerol [DMG]
trisodium citrate dihydrate	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]
ethanol	cholesterol	cholesterol
2-hydroxypropyl- $\beta$ -cyclodextrin (HBCD)	(4-hydroxybutyl)azanediyl) bis(hexane-6,1-diyl) bis(2-hexyldecanoate)	SM-102, polyethylene glycol
polysorbate-80	potassium chloride	tromethamine
sodium chloride	monobasic potassium phosphate	tromethamine hydrochloride
	sodium chloride	acetic acid
	dibasic sodium phosphate dihydrate	sodium acetate
	sucrose	sucrose

### INFORMATION ABOUT POSSIBLE ALLERGIC REACTIONS

COVID-19 vaccines are safe for people with common allergies not related to vaccines or injectable medications (such as allergies to animals, food, pollen, latex, or most medicines). If you've had an allergic reaction to an ingredient in one type of COVID-19 vaccine (see above), you may be able to get a different type of COVID-19 vaccine that doesn't contain the component you're allergic to, after consulting with a physician.

If you've had swelling, hives, trouble breathing, or anaphylaxis within 4 hours of receiving ANY previous vaccine or injectable medication, the risk of developing another severe allergic reaction to the COVID-19 vaccines is not fully known. You can still receive the COVID-19 vaccine based on Centers for Disease Control and Prevention (CDC) guidance. You'll be observed for 30 minutes afterward as a safeguard. All vaccination sites have the appropriate medications and equipment to treat allergic reactions.

If you're concerned about a severe allergic reaction, you may consider waiting to get the vaccine until more information is available, or discuss the risks and benefits of vaccination with your doctor.

### INFORMATION ABOUT RARE BLOOD CLOTS AND J&J/JANSSEN COVID-19 VACCINE

Though very rare, blood clots with low platelet counts have been observed in the 1 to 2 weeks following J&J/Janssen COVID-19 vaccination, mostly in women aged 18 to 49. Symptoms include severe or persistent headaches or blurred vision, shortness of breath, chest pain, leg swelling, persistent abdominal pain, and easy bruising or tiny blood spots under the skin beyond the site of the injection.

***If you experience any of these symptoms after vaccination, contact your doctor immediately.***

If you have a history of immune-related blood clots or have concerns about this rare blood-clotting syndrome, alternate COVID-19 vaccines are available after consulting with a physician, as appropriate. If you have a history of nonimmune-related blood clots, you may still receive the J&J/Janssen vaccine.