Sutter Health

COVID-19 (SARS-COV-2) Vaccine Questionnaire 2022

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.		
Have you ever received a dose of COVID-19 vaccine? If **Yes**, which vaccine product did you receive? (Check all that apply) ☐ Pfizer ☐ Moderna ☐ Janssen/J&J* If **Yes**, how many doses of COVID-19 vaccine have you received? ☐ One dose ☐ Two doses ☐ Three (or more) doses* Did you bring your vaccination record card or other documentation?	☐ Yes ☐ Yes	☐ No ☐ No
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?	☐ Yes*	☐ No
2. Have you had any immediate allergic reaction (defined as within 4 hours) to: (*Note: if you aren't sure of any of the answers below, please respond 'No.'*) a. a previous dose of mRNA COVID-19 vaccine? b. a component of an mRNA COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? c. Polysorbate? d. another vaccine (other than COVID-19 vaccine) or an injectable medication for another disease? i. If **Yes**, have you discussed with your physician if it is safe for you to get a mRNA COVID-19 vaccine? **☐ Yes* ☐ No***	 a. ☐ Yes* b. ☐ Yes* c. ☐ Yes* d. ☐ Yes*	 ☐ No ☐ No ☐ No ☐ No
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?	☐ Yes*	☐ No
4. Do you have a history of Guillain-Barré Syndrome (GBS)?	☐ Yes*	☐ No
5. Do you have a history of immune mediated syndrome characterized by clotting and low platelet count (e.g., heparin-induced thrombocytopenia (HIT)?	☐ Yes*	☐ No
6. Do you have current or planned immunosuppression: HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids, or other immunosuppressive medication?	☐ Yes*	☐ No

7. Have you received a hematopoietic cell transplant (HCT) or CAR-T-cell therapy since receiving COVID-19 vaccine?	☐ Yes*	☐ No
8. ***Females only*:** Are you pregnant at this time or do you plan to become pregnant in the next 2 months?	☐ Yes	☐ No
9. ***Females only*:** Are you currently breastfeeding?	☐ Yes	☐ No

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

☐ Pfizer ☐ Moderna

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Form Reviewed By: _____ Date: _____