

## SECOND DOSE Pre-vaccination Checklist

---

Vaccine Manufacturer:

1. Do you have any current symptoms consistent with a COVID-19 infection?  
(If **YES**, discuss with clinician prior to receiving vaccine) YES / NO
  
2. Have you received any vaccine within the past 14 days, or are you planning to receive a vaccine within the next 14 days?  
(If **YES**, discuss with clinician prior to receiving vaccine) YES / NO
  
3. Have you received any passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of a COVID-19 treatment within the past 90 days?  
(If **YES**, discuss with clinician prior to receiving vaccine) YES / NO
  
4. Have you experienced any anaphylactic response to a component of a COVID-19 vaccine (polysorbate, polyethylene glycol)?  
(If **YES**, do not vaccinate/discuss with clinician and consider referral to allergist/immunologist) YES / NO
  
5. Did you have an allergic reaction to your first dose of the COVID vaccine?  
(If **YES**, do not vaccinate/discuss with clinician and consider referral to allergist/immunologist) YES / NO
  
6. Do you want to speak to a clinician prior to receiving your second dose of the COVID vaccine today? YES / NO