Client's Name____

DOB:____

Screening Questionnaire for MODERNA (COVID-19) Vaccine

Place an "X" or a "√" when answering the questions below:

1. Are you under the age of 18? **____YES** **____NO**

(if yes, DO NOT give Vaccine)

2. Have you had a severe allergic reaction after a previous dose of this vaccine, any other vaccine, or any injectable medication?

____YES **____NO**

(if yes, DO NOT give Vaccine)

3. Do you have a history of having a severe allergic reaction to any medication, food, or environmental allergen?

____YES **____NO**

(If no, continue to question number 4)

(if yes, see page 2 of the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER" and page 2 of the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER" to review ingredients for both vaccines. If client is allergic to any of these ingredients they are not to receive the vaccine. If they are not allergic to any of these ingredients, and have no other conditions that would make them ineligible, they must be monitored for 30 minutes post vaccination.)

4. Are you pregnant, trying to get pregnant or breastfeeding?

____YES **____NO**

(if yes, ask if they have discussed with their doctor and feel informed in their decision to get the vaccine)

5. Do you have any medical conditions that cause you to be immunocompromised or are taking any medications that cause you to be immunocompromised? **____YES** **____NO**

(If yes, you can still give vaccine, teaching on efficacy needed, and monitor client for 30 minutes post vaccine)

6. Have you previously received a vaccine for COVID-19 other than the MODERNA Vaccine?

____YES **____NO**

(if yes, DO NOT give Vaccine)

PINE CREEK INDIAN RESERVATION
1485 MNO-BMADZEWEN WAY • FULTON, MI 49052

7. Have you tested positive within the last 90 days for COVID-19?

____YES ____NO

(if yes and less than 60 days since +Covid, discuss with Dr. Heft for direction. If between 60-90 days educate regarding possibility of the vaccine being less efficacious.)

8. Have you received the any other vaccine within the last 2 weeks?

____YES ____NO

(if yes, DO NOT give Vaccine)

Notes for Vaccinator:

Client's Printed Name DOB

Client's signature or Guardian's Signature Date

Vaccinator's Signature Date