

# Pre-vaccination Checklist for COVID-19 Vaccines



## I AM DEAF OR HARD OF HEARING

I am using this card to communicate.

I may need a certified sign language interpreter or captioning to communicate.



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_



YES



NO



DON'T KNOW

(circle one)



Have an appointment?



Sick today?



Already got a dose of the COVID-19 vaccine?



    Other \_\_\_\_\_

Severe allergy to:



Food



Pets



Meds



Shots

Other \_\_\_\_\_

 Need EpiPen®?



Receive any other vaccines in last 14 days?



COVID-19 positive before?



Receive antibody therapy for COVID-19?



Have HIV, cancer or take immunosuppressant drugs?



Have bleeding disorder or take blood thinners?



Pregnant or breastfeeding?



Source: Centers for Disease Control and Prevention