

Pre-vaccination Assessment and Consent: COVID-19 Vaccine

Individuals should be given the EUA Fact Sheet for Recipients and Caregivers before vaccination | ***Under the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) individuals 12 years of age and older (Pfizer BioNTech) and 18 years and older (Moderna, Janssen/Johnson & Johnson) may receive this vaccination.**

Last Name, First Name (PRINT) _____	Date: / /	HP <input type="checkbox"/>	NP <input type="checkbox"/>	Medical Record Number (MRN): _____
Date of Birth: / /	Please state the ethnicity/race you MOST identify with: Examples: African American, Caucasian, Chinese, Filipino, Japanese, etc.			
Have you received a first dose of the COVID-19 vaccine? If yes: Where: _____ Manufacturer: _____ Date: _____			Yes	No
1. Have you had anaphylaxis or an immediate reaction to a previous dose of any COVID-19 vaccine?			Yes	No
2. Did you have myocarditis (heart muscle inflammation) or pericarditis (inflammation of tissue surrounding the heart) after any dose of Pfizer or Moderna?			Yes	No
3. Do you have a history of anaphylaxis or immediate allergy to polyethylene glycol (PEG) polysorbate, or tromethamine? **			Yes	No
4. Do you have a history of anaphylaxis or immediate allergy to a vaccine, any component of a vaccine, or to any injectable medication (intramuscular, intravenous or subcutaneous)?			Yes	No
5. Do you have a fever ($\geq 100.4^{\circ}\text{F}$) or feel ill today?			Yes	No
6. Are you currently experiencing a COVID-19 infection, and are you under quarantine for an actual or potential COVID-19 exposure?			Yes	No
7. Have you received monoclonal antibody or convalescent plasma treatment for COVID-19 infection within the last 90 days?			Yes	No
8. Are you currently pregnant or breastfeeding? (For office use only: If vaccine given, document in comments: "#7: pregnancy/breastfeeding handout given")			Yes	No
9. Do you have a history of anaphylaxis to oral/topical medications, IV contrast, food, or insect stings?			Yes	No
10. Do you have a history of any of the following cancers: breast, head/neck, melanoma of upper body?			Yes	No
11. Do you have any screening tests scheduled in the near future like a mammogram, chest CT, or breast MRI?			Yes	No
12. Have you had blood clots that are immune-related (e.g., heparin-induced thrombocytopenia) within the last 180 days? (For office use only: **J&J ONLY**)			Yes	No
13. Do you have or are being treated for a condition that is associated with immune compromise? (For office use only: 3rd dose only)			Yes	No
Have you had 2 vaccinations with mRNA (Moderna or Pfizer) vaccines? If yes, when was your last dose? If yes: Where: _____ Manufacturer: _____ Date of 2 nd dose: _____ (For office use only: 3rd dose only)			Yes	No
If you have any additional questions, please talk with your physician or healthcare provider before receiving the COVID-19 vaccine.				
I consent to health evaluations, administration and monitoring necessary for immunization for COVID-19 as ordered or provided by doctors, nurses, assistants, or other staff employed or contracted by Kaiser Permanente Health Plan Inc, Kaiser Foundation Hospital or Hawaii Permanente Medical Group. I also consent to any necessary treatment, whether diagnostic or therapeutic, should I have an adverse reaction to the vaccine. I acknowledge receipt of the Emergency Use Authorization Fact Sheet and my questions, if any, have been answered.				
Signature _____ (circle one) SELF / PARENT / GUARDIAN				
FOR CLINIC USE ONLY				
<input type="checkbox"/> Cleared: assessment done and no valid contraindications			<input type="checkbox"/> Not cleared: patient referred to provider	
X _____ Staff Name: <input type="checkbox"/> RN <input type="checkbox"/> Practitioner			Date: / / MM DD YY	
Vaccine Administration Documentation				
Name/Title (PRINT): _____ Time: _____ AM/PM Deltoid Site: Right or Left				

** "PEG Polyethylene glycol (PEG) is a common, water-soluble ingredient in a wide variety of commercial products including some vaccines and medications. It is the primary ingredient in many colonoscopy preparations (Golytely) and constipation treatment (Miralax) along with IV medications such as PEGylated medications. It is also in ultrasound gel and injectable steroid injections such as methylprednisolone acetate. Reactions to polyethylene glycol are rare but anaphylaxis has been reported."

Definition of Anaphylaxis:

Anaphylaxis (say "ann-uh-fuh-LAK-suss") is a severe allergic reaction that affects the entire body (systemic). It can occur within a few seconds or minutes after a person is exposed to a substance (allergen or antigen).

Symptoms and signs of a severe allergic reaction may include:

- Itching
- Raised, red bumps on the skin (hives or wheals)
- Wheezing or difficulty breathing
- Rapid swelling, either in one area or over the entire body. Swelling is most serious when it involves the lips, tongue, mouth, or throat and interferes with breathing
- Belly pain or cramps
- Nausea or vomiting
- Low blood pressure, shock, and unconsciousness

The sooner symptoms occur after exposure to the substance, the more severe the anaphylactic reaction is likely to be. An anaphylactic reaction may occur with the first exposure to an allergen, with every exposure, or after several exposures. An anaphylactic reaction can be life-threatening and is a medical emergency. Emergency care is always needed for an anaphylactic reaction.

Additional considerations from the Centers for Disease Control and Prevention (CDC):

Recent warning about rare blood clotting syndromes, especially for women under 50 years of age:

- Rare blood clotting syndromes have been observed in the 1-2 weeks following J&J/Janssen COVID-19 vaccination, mostly in women aged 18 to 49. This is characterized by 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, contact your doctor right away.
- If you have a history of blood clots that are not immune-related or are taking certain medications such as birth control or hormones that are associated with blood clots, you can receive the J&J/Janssen COVID-19 Vaccine.
- If you have a history of immune-related blood clots, such as heparin-induced thrombocytopenia, then consult with your doctor.
- At this time, women aged <50 years can receive any FDA-authorized COVID-19 vaccine, including the Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccines.

Current as of: June 29, 2020

Author: Healthwise Staff

© 1995-2021 Healthwise, Incorporated. Healthwise, Healthwise for every health decision, and the Healthwise logo are trademarks of Healthwise, Incorporated.

1082 5662 Pre-vaccination Assessment 8.17.21 v15