

***Immunization: Covid Vaccine Test to delete**

Covid vaccine administered here elsewhere

If administered here:

Verbal consent obtained

Screening Questions

Feeling ill today? Yes No

Have you had a COVID-19 infection? Yes No

If this is your second COVID-19 dose, did you have any side-effects after the first dose? Yes No

Are you allergic to polyethylene glycol (PEG) (which is contained in the Pfizer and Moderna vaccines)? Yes No

Are you allergic to tromethamine (trometamol, Tris) (which is contained only in the Moderna vaccine)? Yes No

Are you or could you be pregnant? Yes No

Are you breastfeeding? Yes No

Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy, some arthritis medications)? yes no uncertain

Do you have an autoimmune disease? yes no uncertain

Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days? Yes No

Have you recently received specific medications for COVID-19 treatment Yes No

(monoclonal antibodies or convalescent