

COVID-19 Vaccine Screening Form

Version 4.0 – March 25, 2022

Last Name		Identification number (e.g., health card) -----
First Name		
Date of Birth (month, day, year) ----- / ----- / -----		Name of your Primary Care Provider (Family Physician or Nurse Practitioner)
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other: -----		
Phone Number	Email Address	
<p>Have you previously received one or more doses of a COVID-19 vaccine? If yes, please complete the information below for all doses of vaccine received.</p> <p>Number of doses received to date: -----</p> <p>Date of last dose received: -----/-----/----- (month, day, year)</p>		

Please answer all questions below.

Screening questions determine if additional precautions or information is required. Note that answering 'yes' does not necessarily mean an individual cannot receive the vaccine

<p>Have you been sick in the past few days? Do you have symptoms of COVID-19 today (e.g., loss of taste or smell, cough, fever)? If applicable, have you completed your period of isolation?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Immunization should be deferred in individuals with symptoms of COVID-19 to prevent the spread of infection to others. Individuals should consult with a health care provider or call Telehealth to discuss their symptoms. A health care provider can advise on a suitable time to receive the COVID-19 vaccine.</p> <p>Individuals 12 years of age and older, infected with COVID-19 after their primary series are recommended to receive their booster dose 3 months after symptom onset or positive test (if asymptomatic). With informed consent, individuals may receive a booster dose once they are asymptomatic and have completed their isolation.</p>
<p>Have you recently had any new/unexplained shortness of breath or chest pain?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Immunization should be deferred, and individuals should consult with a health care provider prior to vaccination and/or if symptoms are severe, individuals should be directed to the emergency department or instructed to call 911.</p>

<p>Have you had a serious allergic reaction (anaphylaxis) within 4 hours to the COVID-19 vaccine before, needing medical care?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>It may be possible for individuals with a previous allergic reaction to a COVID-19 vaccine to receive the same type of vaccine again. Individuals should consult with a health care provider prior to receiving the COVID-19 vaccine.</p>
<p>Have you been formally diagnosed with any serious allergies (anaphylaxis) to polyethylene glycol (PEG), tromethamine (Tris or trometamol), or polysorbate 80?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Individuals allergic to polyethylene glycol, tromethamine, or polysorbate 80 should consult with a health care provider prior to receiving the COVID-19 vaccine.</p>
<p>Have you ever had myocarditis (inflammation of the heart) or pericarditis (inflammation of the lining of the heart) before?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, which of the following apply?</p> <p><input type="checkbox"/> Following vaccination of a COVID-19 vaccine</p> <p><input type="checkbox"/> Unrelated to vaccination of a COVID-19 vaccine</p>	<p>If following vaccination of a COVID-19 vaccine:</p> <p>As a precautionary measure, the National Advisory Committee on Immunization (NACI) has recommended individuals who have experienced myocarditis or pericarditis following vaccination with an mRNA COVID-19 vaccine defer their subsequent dose in the vaccination series until more information is available.</p> <p>If unrelated to receiving a COVID-19 vaccine:</p> <p>Individuals with a history of myocarditis unrelated to mRNA COVID-19 vaccination should consult a health care provider for individual considerations and recommendations prior to receiving the COVID-19 vaccine.</p>

<p>Do you have a weakened immune system or are you taking any medications that can weaken your immune system (e.g., high dose steroids, chemotherapy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, are you receiving stem cell therapy, chimeric-antigen receptor (CAR) T-cell therapy, chemotherapy, immune checkpoint inhibitors, monoclonal antibodies, or other targeted agents?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Individuals who are immunocompromised from disease or treatment may have a reduced immune response to the COVID-19 vaccine series. In addition to at least two doses of vaccine, continued adherence to public health measures after vaccination (such as masking, physical distancing, and hand hygiene) is encouraged. A health care provider can advise on a time to receive the COVID-19 vaccine to ensure an optimal immune response.</p>
<p>Do you have a bleeding disorder or are taking blood thinners?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>If “yes”, a health care worker may hold the site where the needle is given for longer to minimize the risk of bleeding and bruising.</p>
<p>Have you ever felt faint or fainted after receiving a vaccine or medical procedure?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>If “yes”, a health care provider may instruct an individual to lie down to be vaccinated to prevent fainting.</p>
<p>Only answer the following two questions if receiving the Pfizer-BioNTech pediatric COVID-19 mRNA vaccine</p>	
<p>Do you have a previous history of multisystem inflammatory syndrome?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>For children 5-11 years old with a previous history of MIS-C unrelated to any previous COVID-19 vaccination, vaccination should be postponed until clinical recovery has been achieved or until it has been ≥ 90 days since diagnosis, whichever is longer.</p>

<p>Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Unlike adolescent and adult populations, COVID-19 vaccines should not be given concomitantly for children 5-11 years old with other vaccines (live or inactivated). Vaccination should be postponed at least 14 days before or after to prevent erroneous attribution of an adverse event following immunization from one vaccine to another.</p>
<p>Only answer the following five questions if receiving the AstraZeneca Vaxzevria or Janssen (Johnson & Johnson) COVID-19 viral vector vaccine:</p>	
<p>Do you have a history of blood clots (thrombosis) with low platelets (thrombocytopenia) after a COVID-19 vaccine?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Individuals who have had blood clots with low platelet after a previous viral vector vaccine (AstraZeneca or Janssen) should not receive the AstraZeneca or Janssen COVID-19 vaccine.</p>
<p>Have you experienced a previous episode of capillary leak syndrome (CLS) (symptoms include low blood pressure and acute swelling of limbs)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Individuals who have had a previous episode of capillary leak syndrome are advised not to receive the AstraZeneca or Janssen COVID-19 vaccine. Individuals should consult with a health care provider before receiving the AstraZeneca or Janssen COVID-19 vaccine.</p>

<p>Do you have a history of major blood clots with low platelets (a part of the blood that helps with clotting) or low platelets after receiving heparin therapy?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Rarely, low platelets can occur after the AstraZeneca and Janssen vaccine. Individuals with a history of low platelets should consider receiving an mRNA vaccine. Individuals with a history of low platelets receiving the AstraZeneca or Janssen vaccine should watch for easy bruising or excess bleeding that is unexplained. A health care provider may monitor an individual's blood platelet count after receiving the AstraZeneca or Janssen vaccine. Individuals may choose to discuss their risks with a health care provider.</p>
<p>Are you or could you be pregnant?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p> <p>Evidence is now available from real world use of mRNA vaccines, which has not indicated any safety concerns for pregnant and breastfeeding populations. There is more evidence available regarding the safety of mRNA vaccines for pregnant and breastfeeding populations, so an mRNA vaccine is preferred by the National Advisory Committee on Immunization (NACI). Individuals should consult with a health care provider if they wish to have AstraZeneca Vaxzevria or Janssen (Johnson & Johnson) COVID-19 vaccine.</p>