

# 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 16 years of age and older (Pfizer BioNTech) and 18 years and older (Moderna) may receive this vaccination.

Last Name, First Name (PRINT)	Date: ____/____/____
Date of Birth: ____/____/____	Medical Record Number (MRN): Please state the ethnicity/race you MOST identify with: <div style="background-color: #00a651; height: 15px; width: 100%; margin-top: 5px;"></div>

**Please answer the following questions prior to receiving the COVID-19 vaccine (circle YES or NO)**

1. Do you have a history of severe allergy or anaphylaxis to a vaccine, any component of a vaccine, or to any injectable medication (intramuscular, intravenous or subcutaneous)?	Yes	No
2. Do you have a severe allergy or anaphylaxis to polyethylene glycol (PEG) or polysorbate? **	Yes	No
3. Have you had an allergic reaction to a previous dose of any COVID-19 vaccine?	Yes	No
4. Do you have a fever (≥ 100.4°F) or feel ill today?	Yes	No
5. Have you had any other vaccine(s) in the last 14 days?	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?	Yes	No
9. Do you have a history of severe allergy or anaphylaxis to oral/topical meds, food, or stings?	Yes	No
<b>Have you received a first dose of the COVID-19 vaccination outside of this facility?</b>	Yes	No
<b>If yes: Manufacturer:</b> _____ <b>Date:</b> ____/____/____	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 Maui Health. 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** \_\_\_\_\_ **Time:** \_\_\_\_\_ (circle one) SELF / PARENT / GUARDIAN

**DOWNTIME ONLY | Vaccine Administration Documentation**

**Name/Title (PRINT)** \_\_\_\_\_ **Time** \_\_\_\_\_ AM/PM | **Deltoid Site: Right or Left**

**Product Name/Manufacturer:**  Pfizer BioNTech  Moderna **Lot #1** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**DOWNTIME ONLY | FOR CLINIC USE ONLY**

Cleared: assessment done and no valid contraindications  Not cleared: patient referred to provider

**X** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Staff Name:  RN  Practitioner MM DD YY

\*\* “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.

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.