

## When a Patient Answers Yes to the COVID-19 Vaccine Screening Questions

Vaccine Consent Question	Guidance
1. Do you currently have a fever above 100.4 degrees Fahrenheit or an active infection?	Do <b>NOT</b> vaccinate. Ask the patient to reschedule for another day. They must be fever-free for 24 hours without taking fever-reducing medication.
2. Have you ever had a severe life-threatening reaction to: <ol style="list-style-type: none"> <li>a. Another vaccine</li> <li>b. A component of the COVID-19 vaccine such as:               <ol style="list-style-type: none"> <li>1. Polyethylene glycol (Pfizer-BioNTech®)</li> <li>2. Polysorbates (Johnson &amp; Johnson-Janssen®)</li> </ol> </li> <li>c. Another injectable medication?</li> </ol>	<p><b>a &amp; c:</b> Consult provider for an assessment to determine whether to proceed.</p> <p><b>b.</b> Individuals with a history of severe allergic reaction to polysorbates or polyethylene glycol may not receive this COVID vaccine. Refer the patient to their primary care physician for next steps</p>
3. Have you ever had a life-threatening allergic reaction to something other than a vaccine, including food, pets, venom, environmental allergen, or oral medications?	<ul style="list-style-type: none"> <li>• Consult an RN/MD/APP for an assessment to determine whether to proceed.</li> <li>• Recipient must be monitored for 30 minutes in the clinic after vaccination.</li> </ul>
4. In the last two weeks, have you tested positive for COVID-19, or are you currently being monitored for COVID-19?	<ul style="list-style-type: none"> <li>• Patient will need to reschedule when they are out of quarantine and not acutely ill.</li> </ul>
5. In the last three months, have you received antibody therapy (monoclonal antibodies or convalescent serum) as a treatment for COVID-19?	<ul style="list-style-type: none"> <li>• Patient will need to reschedule to day 90 or later counting from the last date of antibody therapy.</li> </ul>
6. Do you have a blood-clotting disorder or a bleeding disorder or are you taking a blood thinner?	<ul style="list-style-type: none"> <li>• Adverse events of thrombosis with thrombocytopenia are associated with the Johnson &amp; Johnson/Janssen COVID-19 vaccine. Consult with the provider on whether to proceed.</li> <li>• If taking blood thinners like Coumadin, patient may experience bleeding at the injection site. Hold extra pressure at injection site until bleeding stops</li> </ul>

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<b>Vaccine Consent Question</b> Second Dose of Pfizer-BioNTech® ONLY	<b>Guidance</b>
7. After receiving your first COVID-19 vaccine, did you experience any of the following symptoms within the first four hours? Shortness of breath, wheezing or trouble breathing; persistent GI symptoms; fast heart rate or palpitations; prolonged episode of coughing, hives, itching or flushing, swollen lips, tongues or uvula; dizziness; chest pain; low blood pressure or passing out?	<ul style="list-style-type: none"><li>• Consult a provider for an assessment to determine whether to proceed.</li></ul>
8. After receiving your first COVID-19 vaccine did you receive any medical treatment for adverse effects?	<ul style="list-style-type: none"><li>• Consult a provider for an assessment to determine whether to proceed.</li></ul>