

Patient name: _____ Patient DOB: _____

Screening Checklist for Contraindications to COVID Vaccines for Children, Teens, and Adults

For patients and parents/guardians: The following questions will help us determine which vaccines you or your child may be given today. If you answer “yes” to any question, it does not necessarily mean you or your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Y	N	Unknown
1. Is the patient sick today?			
2. Does the patient have allergies to medicine, food, a vaccine component, or latex?			
3. Has the patient had a serious reaction to a vaccine in the past?			
4. Does the patient have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Is the patient taking regular aspirin or salicylate medication?			
5. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?			
6. For babies: Have you ever been told the child had intussusception?			
7. Has the patient, a sibling, or a parent had a seizure; has the patient had a brain or other nervous system problem?			
8. Has the patient ever been diagnosed with a heart condition (myocarditis or pericarditis) or has the patient had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?			
9. Does the patient have an immune-system problem such as cancer, leukemia, HIV/AIDS?			
10. In the past 6 months, has the patient taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments?			
11. Does the patient’s parent or sibling have an immune system problem?			
12. In the past year, has the patient received immune (gamma) globulin, blood/blood products, or an antiviral drug?			
13. Is the patient pregnant?			
14. Has the patient received vaccinations in the past 4 weeks?			
15. Has the patient ever felt dizzy or faint before, during, or after a shot?			
16. Is the patient anxious about getting a shot today?			

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____