

THE VACCINATOR WILL ADMINISTER THE HEALTH QUESTIONNAIRE:

The client should answer the following questions:

1. Are you sick today? Y/N
2. If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

3. Have you received any vaccinations in the past two weeks? Y/N
  - a. If Yes, please indicate what vaccine: \_\_\_\_\_
4. Have you received any other COVID-19 vaccine at any time? Y/N
  - a. If Yes, please provide the date of vaccination: \_\_\_\_\_
  - b. Where did you receive the vaccine (e.g which clinic): \_\_\_\_\_

5. Have you been diagnosed with COVID-19 infection in the last 90 days? Y/N
  - a. If Yes, what date did you test positive: \_\_\_\_\_

6. Do you have a history of an anaphylactic reaction to anything other than a vaccine or injectable medication Y/N

- a. If Yes, please describe: \_\_\_\_\_

7. Have you ever had an anaphylactic reaction:

Reaction	Yes	No
Trouble breathing		
Broke out in hives		
Facial or tongue swelling		
Low blood pressure		
Other severe symptoms after receiving another vaccination or injection (a shot given intravenously, intramuscularly, or subcutaneously)?		

8. Female vaccine recipients only: Do you suspect that you might be pregnant today? Y/N

9. If Yes or unknown, please indicate when you had your last menstrual period. \_\_\_\_\_