



BIDMC COVID-19 Vaccine Pre-Vaccination Screening for Adults (Age 16+)

Must complete all questions prior to vaccine administration:

Question to Ask Vaccine Recipient:	Vaccinator Action:
1) Are you feeling sick today?	If No: Proceed to #2 If Yes: Delay vaccination of people with COVID-19 until recovery and end of isolation period. Delay vaccinating patients with moderate or severe illness of any cause. People with mild illness may proceed.
2) Do you have a health condition or are you undergoing treatment that makes you moderately or severely immunocompromised?	If No: Follow Vaccine Schedule for the General Adult Population; Proceed to #3 If Yes: Follow Vaccine Schedule for People with Moderate or Severe Immunocompromise; Proceed to #3
3) Have you received a prior dose of COVID-19 vaccine? <ul style="list-style-type: none"> • Which vaccine type? <ul style="list-style-type: none"> i. Pfizer-BioNTech ii. Moderna iii. Janssen/J&J iv. Other v. None/N/A • How many doses of COVID-19 vaccine have you received? • Did you bring your COVID-19 vaccination record card with you today? 	If No: Start Primary Series; Proceed to #4 If Yes: Verify COVID-19 vaccination history by documentation if available; Determine if Primary Series or Booster Dose by Applicable Vaccine Schedule For Primary Series: Continue series with same vaccination type For Boosters: May screen for consideration of any vaccine type, use of an mRNA vaccine is preferred unless a contraindication is present For patients with a history of receipt of any other vaccine (Non-FDA authorized/approved) – this administration is not covered by standing order, please contact provider for individualized recommendations.
4) Have you ever had a severe allergic reaction to <i>(includes a severe allergic reaction (e.g., anaphylaxis) that required treatment with an EpiPen or that causes wheezing, hives, swelling or difficulty breathing):</i> <ul style="list-style-type: none"> • A component of a COVID-19 vaccine including: <ul style="list-style-type: none"> ○ Polyethylene glycol (PEG) which is found in some medications such as laxatives and preparations for colonoscopy procedures ○ Polysorbate, which is found in some vaccines or film coated tablets or intravenous steroids • A previous dose of COVID-19 vaccine 	If No: Proceed to #5 If Yes: STOP – DO NOT VACCINATE – Refer to Allergy/PCP for review
5) Have you ever had any of the following: <ul style="list-style-type: none"> • An immediate allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication (includes a severe allergic reaction (e.g., anaphylaxis) that required treatment with an EpiPen or that causes wheezing, hives, swelling or difficulty breathing)? • A history of anaphylaxis or needed to use an EpiPen for any reason? • A Non-severe, immediate (onset <4 hrs) allergic reaction after a previous dose of COVID-19 vaccine? 	If No; Patient requires a <u>15 min</u> observation period; Proceed to #6 If Yes; Patient requires a <u>30 min</u> observation period; Proceed to #6
6) Have you had a history of myocarditis or pericarditis after receipt of a COVID-19 vaccine?	If No; Proceed to #7 If Yes; STOP – DO NOT VACCINATE
7) Have you been diagnosed with Multisystem inflammatory syndrome (MIS-C or MIS-A) after prior COVID-19 infection?	If No; Proceed to #8 If Yes; STOP – DO NOT VACCINATE – Contact Primary Provider for further review on safety of vaccination
8) Is the patient requesting Janssen/J&J COVID-19 vaccine?	If No; Proceed with vaccination using an mRNA vaccine If Yes; Proceed to #9
9) Do you have a history of any of the following: <ul style="list-style-type: none"> • Any immune mediated thrombocytopenia or thrombosis such as heparin-induced thrombocytopenia? • Thrombocytopenia with Thrombosis Syndrome (TTS) after receipt of the Janssen/J&J vaccine or other adenovirus vector vaccines (e.g., AstraZeneca COVID-19 vaccine)? 	If No; May proceed with vaccination using Janssen/J&J after review of risks/benefits If Yes; STOP – DO NOT VACCINATE – Patient may consider vaccination with mRNA vaccine.