

# Vaccine Screening Questions

*Adapted from Cayuga Health System screening questions for the Moderna vaccine (Jan. 2021)*

- Are you currently under the age of 18?
- Are you feeling sick today?
- In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home?
- Have you been treated with antibody therapy or convalescent plasma for COVID-19 in the past 90 days (3 months)?
- Have you ever had an immediate allergic reaction, such as hives, facial swelling, or difficulty breathing or anaphylaxis, to any vaccine or shot or to any component of the COVID-19 vaccine, such as PEG or polysorbate?
- Have you had any vaccines in the past 14 days (2 weeks) including flu shot?
- Are you pregnant or considering becoming pregnant?
- Do you have a bleeding disorder or are you currently taking a blood thinner?
- Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?
- Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?
- Have you ever received a dose of the COVID-19 vaccine?

## **NYS COVID Vaccine Certification Form**

- I hereby certify that I am part of a priority group identified for COVID-19 vaccination, for the week that I am being vaccinated.

