The following questions will help us assess safety and appropriateness of being vaccinated today

1. Do you have a fever or illness today? (Avoid all vaccines with fever >101°F although mild illness is NOT contraindicated to vaccinate)

2. Do you have allergies to any medications, food (e.g. eggs), vaccine components (e.g. diphtheria toxoid, gelatin, neomycin, polymyxin, yeast, thimerosal, aluminum etc.), or latex? If yes, please list: ________________________

3. Have you ever had a serious allergic reaction after receiving a vaccination i.e., swelling, trouble breathing, fainting, seizure, etc.? If yes, please list: ________________________

4. Have you experienced seizures, Guillain-Barre Syndrome, or any other neurological problem? (Flu, Td/Tdap)

5. Are you considered moderately/severely immunocompromised per CDC guidelines (e.g. rc’d organ transplant, rc’d immunosuppressants, advanced/un-treated HIV, rcs’ing active cancer treatment for tumors/cancers of the blood, etc.) (Prevnar20 or refer to Pneumococcal reference guide if previous pneumonia vaccine)

6. In the past 3 months, have you taken medications that affect your immune system such as high-dose steroids or chemotherapy, treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis (e.g., Humira, Enbrel); or have you had radiation treatments? If yes, list medication, dose, and date last taken: ________________________

7. For COVID-19 Vaccine ONLY: When was your last dose? / /