COVID-19 Vaccine Questionnaire & Acknowledgment Form

Please read the COVID-19 Emergency Use Authorization (EUA) Fact Sheet for Pfizer and Johnson & Johnson, if you have not done so already.

1. Do you have a history of a severe allergic reaction (e.g., anaphylaxis) to any vaccine or COVID-19 vaccine* products that required medical attention in the past? Please circle: YES or NO

If “yes,” you are not eligible to schedule your COVID-19 vaccine at this time. If you are an employee, please contact the Employee Health Clinic for further guidance. If you are a patient or member of the community, we encourage you to contact your primary care physician. If you do not have primary care physician, please contact 713.790.3333.

2. Are you allergic to polyethylene glycol (PEG) or polysorbate? Please circle: YES or NO

If “yes,” you are only eligible to receive a non-mRNA COVID-19 based vaccine. Of the vaccines currently available, only the Janssen (Johnson & Johnson) COVID-19 vaccine is non-mRNA COVID-19 based vaccine. You should consider consulting an allergist or immunologist prior to receiving the vaccine to make sure it is in your medical best interest to proceed with getting the Janssen vaccine. Please alert the vaccine administering site that you are allergic to polyethylene glycol (PEG) or polysorbate and therefore require the Janssen COVID-19 vaccine.

3. Have you experienced a high fever or severe illness in the past 7 days? Please circle: YES or NO

If “yes,” you are not eligible to receive the COVID-19 vaccine until your fever or illness has resolved for at least 24 hours without the use of a fever-reducing medication.

4. In the past, have you experienced a severe allergic reaction (e.g., anaphylaxis) to anything besides vaccines, such as a reaction to medication (oral or injectable), food, or a bee sting, to the point where medical attention was required? Please circle: YES or NO

If “yes,” you can get the vaccine. But because of your specific health needs, you will likely need to be monitored for 30 minutes after your vaccine. At the time of vaccination, please alert the vaccine administration staff to your condition. Please continue with the questionnaire.

5. Do any of the following apply to you? Please circle: YES or NO

- You have a bleeding disorder or are on a blood thinner.
- You are immunocompromised or take medication that affects your immune system.
- You are pregnant or plan to become pregnant.
- You are breastfeeding.

If “yes,” you can receive this COVID-19 vaccine. You may wish to discuss any questions you have about your health with your personal physician prior to scheduling your appointment. If you have a bleeding disorder or are on a blood thinner, please alert the vaccine administration staff to your condition at the time of your vaccination.

6. Do you have a history of Guillain Barre Syndrome? Please circle: YES or NO

If “yes,” please acknowledge that you have discussed receiving the vaccine with your neurologist by initialing here: ___________
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7. Have you received any other vaccinations in the past 14 days? Please circle: YES or NO

   If “yes,” then you are not eligible to receive the COVID-19 vaccine until 14 days have passed since your last vaccine.

8. Do either of these statements apply to you? Please circle: YES or NO

   • You have received convalescent plasma for SARS-CoV-2 (COVID-19) in the last 90 days.
   • You have received monoclonal antibody infusions for SARS-CoV-2 (COVID-19) in the last 90 days.

   If “yes,” you are not eligible to receive the COVID-19 vaccine until 90 days have passed since therapy.

Acknowledgment

You hereby acknowledge and agree to the following statements:

• If I received the first dose of Pfizer COVID-19, I agree to receive the second dose of Pfizer COVID-19 in 21 days from the first dose. If I received a Janssen COVID-19 vaccine, I understand that it is a single dose vaccine and does not require a booster.

• If I experience any severe allergic reactions (e.g., difficulty breathing, swelling in face or throat, rash all over your body, dizziness or weakness, fast heartbeat that is new), I agree to contact the Employee Health Clinic as an employee. As a patient or community member, I agree to call the nurse triage phone number at 346.356.3444 or call 911.

• I acknowledge that I have read the FDA’s COVID-19 Pfizer and Janssen Emergency Use Authorization Fact sheets.

• I understand I should continue safety practices such as wearing a face mask, social distancing and frequent hand washing.

• I understand that minors receiving vaccines should be accompanied by a parent/guardian to provide permission.

• I understand that protection against COVID-19 may not be effective until at least 7 days after the single dose administration for the Janssen COVID-19 vaccine and may not be effective until at least 7 days after the second dose for the Pfizer COVID-19 vaccine.

• By submitting this Acknowledgment, I am requesting to receive the COVID-19 vaccine.

________________________________________  ______________________________
Printed Legal Name                              Date of Birth

________________________________________  ______________________________
Signature                                      Date

Parent/guardian signature (if the patient is a minor under the age of 18)
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*Pfizer COVID-19 Vaccine

The Pfizer vaccine includes the following ingredients:

- mRNA = BNT162b2 RNA
- ALC-0159 = 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- potassium chloride
- monobasic potassium phosphate
- dibasic sodium phosphate dihydrate
- ALC-0315 = (4-hydroxybutyl)azanediyl bis(hexane-6,1-diyl)bis(2-hexyldecanoate)
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- sodium chloride
- sucrose

*Janssen/Johnson & Johnson COVID-19 Vaccine

The Janssen vaccine includes the following ingredients:

- recombinant replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein
- citric acid monohydrate
- trisodium citrate dihydrate
- ethanol
- 2-hydroxypropyl-β-cyclodextrin (HBCD)
- polysorbate-80
- sodium chloride