

Staff COVID-19 Astra Zeneca Pre-Vaccination Screening Form

Prior to vaccine administration, please go through the following questions with the person being vaccinated:

* <i>Vaccinator to note: if any of the responses to questions 2-5 below are "Yes", please do not vaccinate in the first instance - consult with the Clinical Lead or call the Public Health Protection Unit Mon-Fri 9am – 5pm on 0141 201 4917 / Out of Hours 0141 211 3600 (ask to speak to Public Health doctor on call) for advice.</i>		Yes	No	Details
1. Are you well today?				
2. Do you have a health condition that we should be aware of?				
3. Have you received any other vaccination in the last 7 days?				
4. Have you had a previous confirmed anaphylaxis reaction requiring hospital admission?				
5. Have you ever had a confirmed anaphylactic reaction to any of the following:				
<ul style="list-style-type: none"> • A previous dose of a COVID-19 vaccine? 				
<ul style="list-style-type: none"> • To any components of the vaccine? 				
6. Are you currently pregnant? Vaccination in pregnancy , with either vaccine, should be considered where: <ul style="list-style-type: none"> • the risk of exposure to Covid infection is high and cannot be avoided, • or where the woman has underlying conditions that put them at very high risk of serious complications of COVID-19. 				
7. Are you currently breastfeeding? Those who are breastfeeding may be offered vaccination: <ul style="list-style-type: none"> • the woman should be informed about the absence of safety data for the vaccine in breastfeeding women. 				
8. Have you tested positive for coronavirus infection within the last four weeks?				
9. Are you participating in a clinical trial of COVID-19 vaccines?				
10. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin?				
11. Do you have any questions about your vaccination today?				
12. Do you consent to receiving the COVID-19 vaccination?				