

|  |  |  |  |
| --- | --- | --- | --- |
| *\* Vaccinator to note: if any of the responses to* ***questions 3-8*** *below are “****Yes****”, please* ***do not vaccinate*** *in the first instance* *- please consult with your Clinical Lead or call the Public Health Protection Unit 9am – 5pm on 0141 201 4917 (9am-5pm) or 0141 211 3600 (out of hours, request to speak to on-call Public Health) for advice.* | **Yes** | **No** | **Details** |
| 1. Are you well today?
 |  |  |  |
| 1. Do you have a health condition that we should be aware of?
 |  |  |  |
| 1. Have you received any other vaccination in the last 7 days?
 |  |  |  |
| 1. \* Have you ever had a **significant** allergic/anaphylactic reaction to any of the following:
 |  |
| * Any vaccine?
 |  |  |  |
| * A previous dose of a COVID-19 vaccine?
 |  |  |  |
| * A confirmed anaphylactic reaction to any components of the vaccine?
 |  |  |  |
| * A medicine?
 |  |  |  |
| * Any food?
 |  |  |  |
| 1. Are you currently pregnant?
* *Women who think they may be pregnant should defer vaccination until they are sure they are not.*
* *Women who are planning to get pregnant in the next three months should delay the vaccination.*
 |   |  |  |
| 1. Are you currently breastfeeding?
 |  |  |  |
| 1. Have you tested positive for coronavirus infection within the last four weeks?
 |  |  |  |
| 1. Are you participating in a clinical trial of COVID-19 vaccines?
 |  |  |  |
| 1. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin?
 |  |  |  |
| 1. Have you read the patient information leaflet?
 |  |  |  |
| 1. Do you consent to receiving the COVID-19 vaccination?
 |  |  |  |

### COVID-19 Pre-Vaccination Screening Form

**Prior to vaccine administration, please go through the following**

**questions with the person being vaccinated:**