

COVID-19 Vaccination Screening

Please answer the following with either yes or no



yes



no

Ask me if you don't understand.

Do you have any COVID-19 symptoms?



new or worse cough



difficulty breathing or shortness of breath



fever over 37.8° C or chills



feeling very unwell

Do you have any COVID-19 symptoms?



vomiting



headaches



muscle or
body aches



fatigue or
weakness



diarrhea



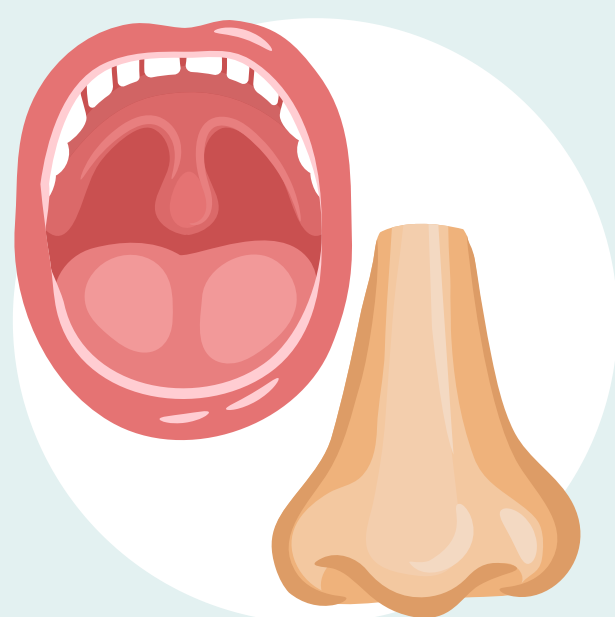
falling down
often



pink eye



runny
nose



loss of taste
or smell



sore
throat

The next questions are about severe allergic reactions, or **anaphylaxis**.



Anaphylaxis usually includes two (2) or more of the following symptoms:

Skin:

- hives
- itching
- swelling (face, lips, tongue)
- flushed or red skin



Respiratory (breathing):

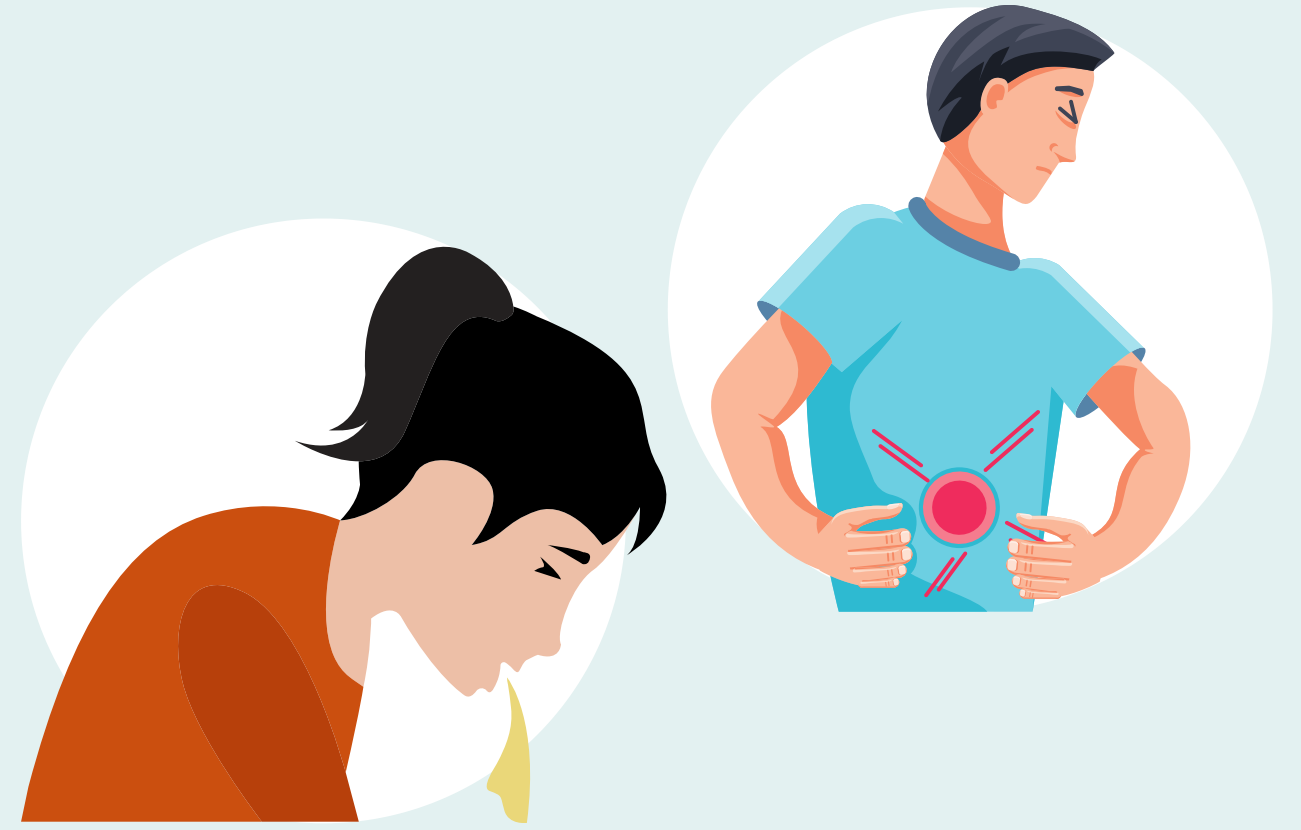
- coughing
- shortness of breath
- chest pain/tightness
- wheezing
- throat tightness
- hoarse voice
- trouble swallowing
- nasal congestion (runny itchy nose and watery eyes, sneezing)



Anaphylaxis usually includes two (2) or more of the following symptoms:

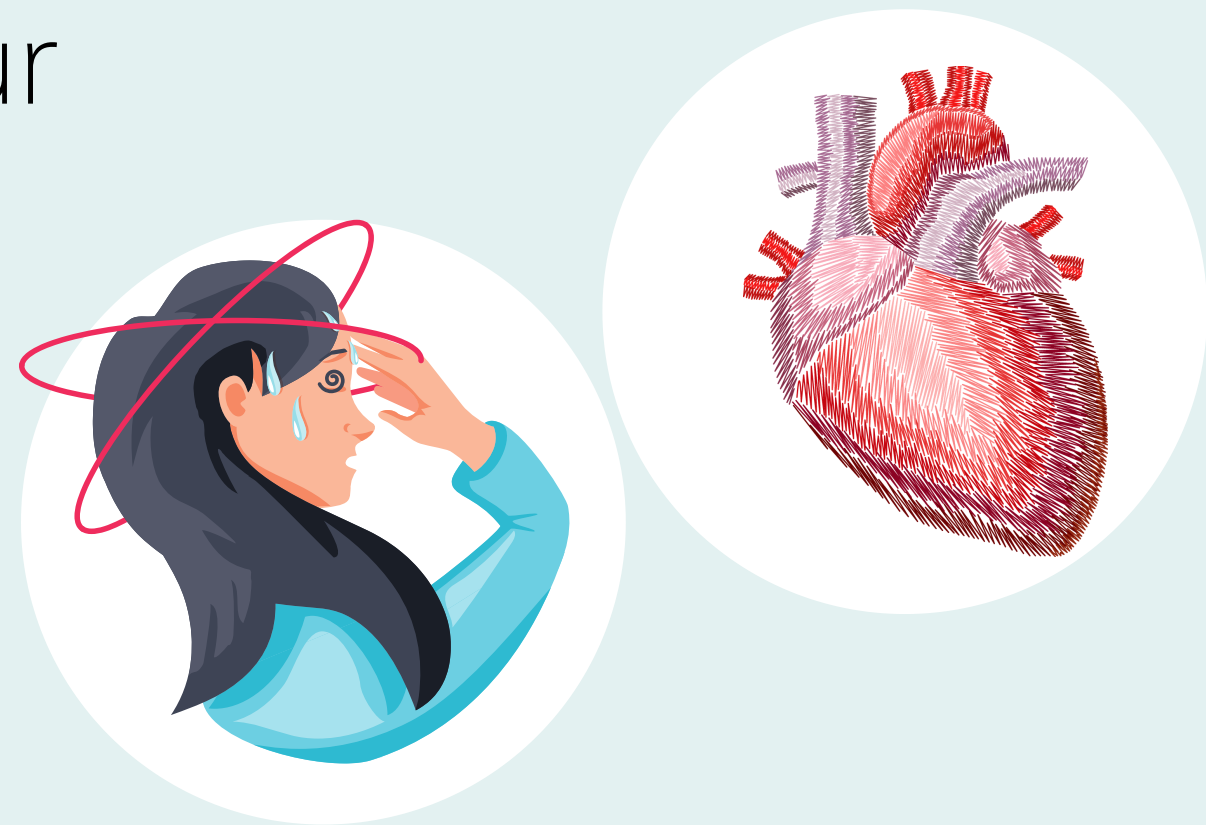
Gastrointestinal (Stomach):

nausea
pain/cramps
vomiting
diarrhea



Cardiovascular (heart):

paler than normal skin colour
weak pulse
fainting/dizzy
lightheadedness
shock



Other:

anxiety
sense of doom
headache
uterine cramps
metallic taste



Have you had a severe allergic reaction to a previous dose of a COVID mRNA vaccine?



Do you have suspected hypersensitivity?

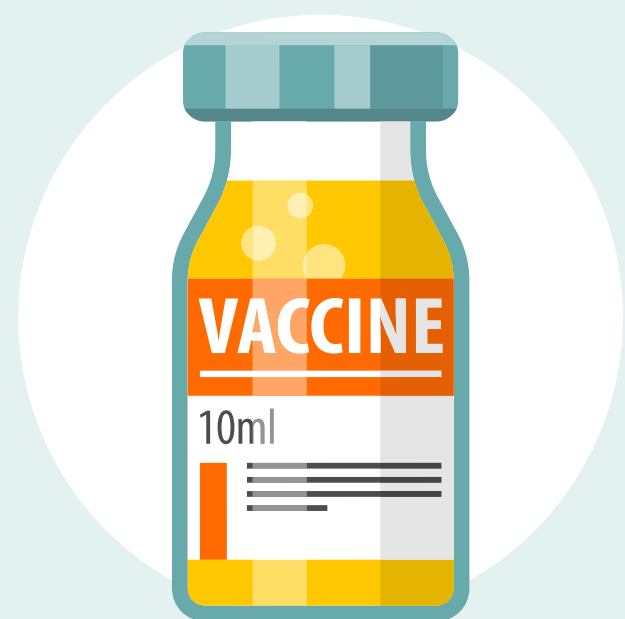
Have you had an immediate allergic reaction to:

a previous dose of an mRNA vaccine?



Have you had an immediate allergic reaction to:

any components of an mRNA vaccine:



polyethylene glycol

tromethamie

polysorbate (due to potential cross-reactive hypersensitivity with vaccine ingredient)

Have you ever had a severe or immediate allergic reaction to any other vaccine or injectable therapy?



Have you ever had a severe allergic reaction to:



food



pets or
venom



environment



latex

or anything else?

Have you received another vaccine
in the last 14 days?



Are you or could you be pregnant?

Are you breastfeeding?



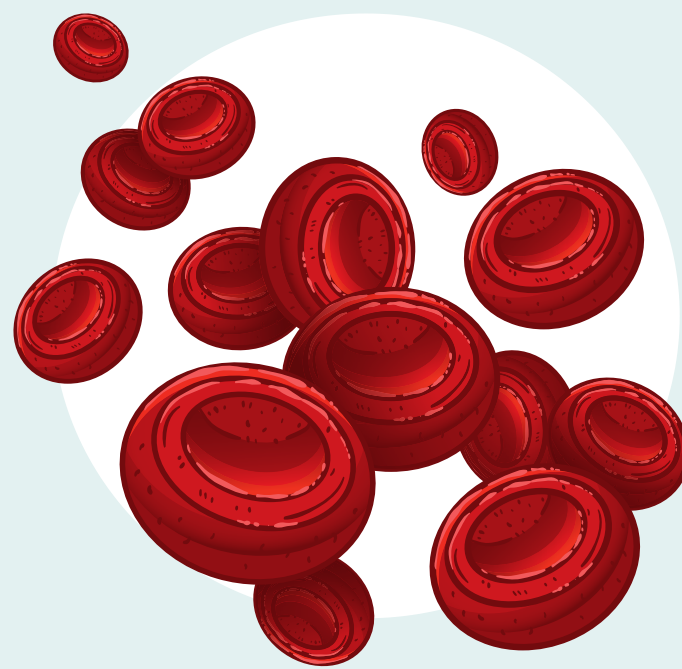
Do you have any problems with your immune system?

Are you taking any medications that can affect your immune system?

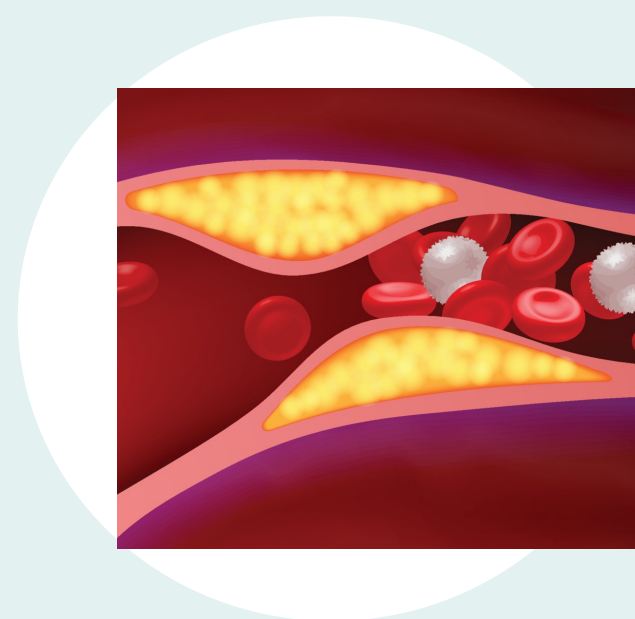


Do you have an autoimmune disease?

Do you have a bleeding disorder?



Are you taking any medication that could affect blood clotting?



Have you ever fainted or felt faint after a past vaccine or medical procedure?

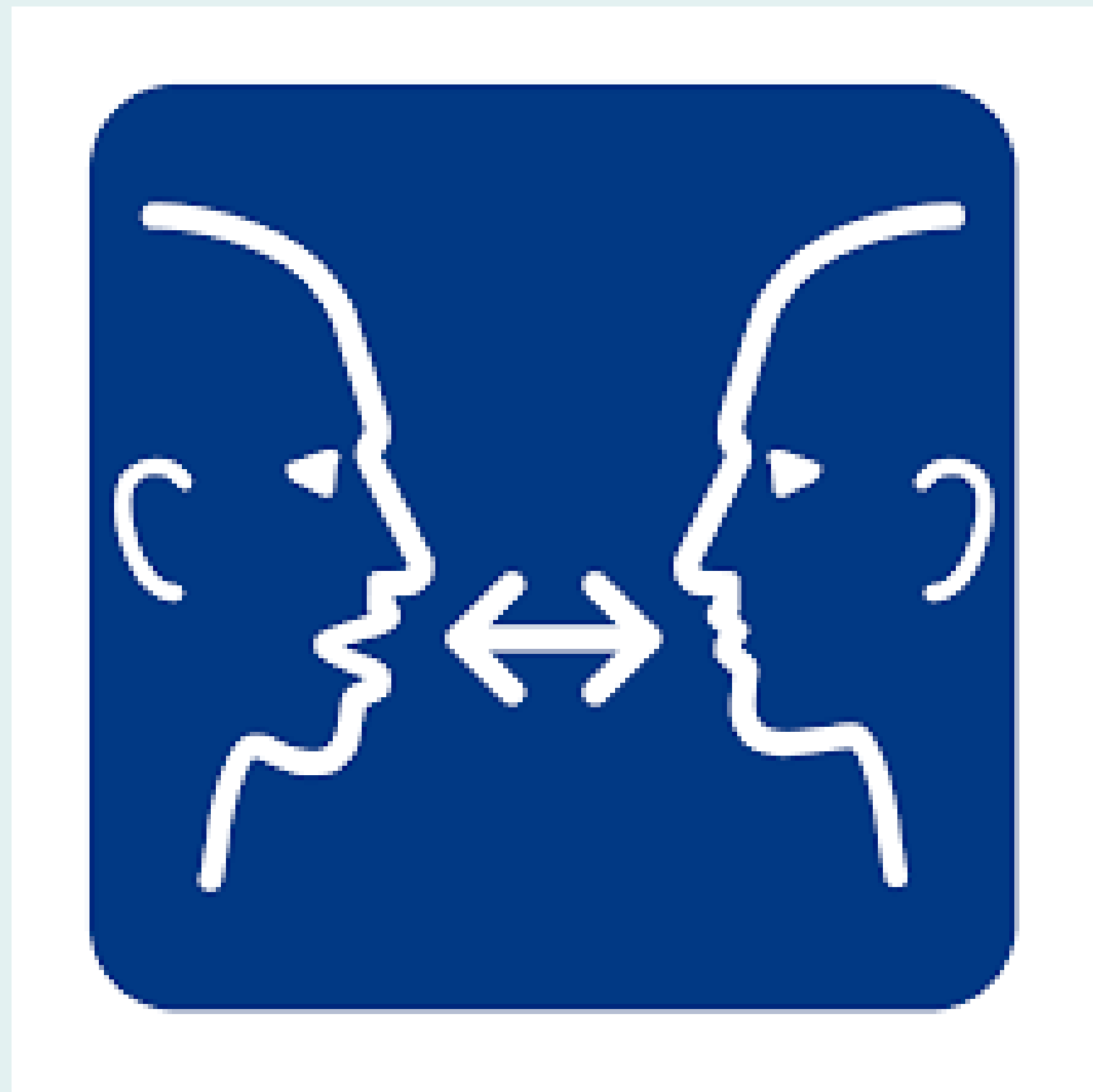


Do you have any questions or concerns?



Questionnaire made communicatively accessible by
Brittany Clark, Speech-Language Pathologist

Halton-Peel Community Aphasia Programs



Thanks to Grand River Hospital and
Region of Waterloo Public Health & Emergency Services
for providing the questions for this document

For site-specific edits please contact
info@h-pcap.com