



# SAN JOAQUIN COUNTY OFFICE OF EDUCATION

## Pre-Vaccination Checklist for COVID-19 Vaccines

Booster

1<sup>st</sup> Dose

2<sup>nd</sup> Dose

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked.

Name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Name and Contact Phone: \_\_\_\_\_

Yes No

	Yes	No
1. Are you feeling sick today?		
2. Have you ever received a dose of COVID-19 vaccine?		
3. Have you ever had an allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen, or for which you had to go to the hospital?		
4. Have you received passive antibody therapy (monoclonal antibodies or convalescent treatment serum) as a treatment for COVID-19 in the past 90 days?		
6. Have you had a positive test for COVID-19 or been exposed to COVID-19 in the past 10 days?		
7. Do you have a weakened immune system caused by something such as an HIV infection or cancer or do you take immunosuppressive drugs or therapies?		
8. Do you have a bleeding disorder or are you taking a blood thinner?		
9. Are you pregnant or breastfeeding?		
10. Do you have a severe allergy to any ingredient included in the vaccine? <i>mRNA, lipids: ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.</i>		



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***I understand and agree that as a result of my receiving my COVID-19 vaccination from San Joaquin County Office of Education nursing staff, the following Personal Health Information (“PHI”) will be recorded in the Healthy Futures Immunization database (<http://www.myhealthyfutures.org/>), and provided to the San Joaquin County Public Health Services and the state of California: my first and last name, date of birth, phone number, address, vaccine type and dose, administration route (injection) administration site (body part receiving the dose), Vaccine provider (who administered the shot) and Vaccine facility location (where it was physically delivered).***

### **CONSENT FOR VACCINATION:**

I have read the January 2022 Vaccine Information Statement for the Pfizer BioNTech vaccine and understand the risks and benefits. I hold harmless the county office of education, its officers and agents and staff and the individual administering the vaccine. I acknowledge that no guarantee has been provided for the success of the vaccine.

By signing below, **I GIVE CONSENT** to the SJOE and its staff/contractors/volunteers for the individual named at the top of this form, to receive the injectable vaccine based on the answers to the above questionnaire.

**Signature of Parent/Legal Guardian/Individual** \_\_\_\_\_

*Parent/guardian signature required for students under the age of 18.*

**Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year 2022

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

### NURSING USE ONLY:

Vaccine: 0.3ml Pfizer/BioNTech

Lot Number: FK9729

Expiration Date: 05/31/2022

Injection Site:  R Deltoid  L  
Deltoid

Vaccine Information Fact Sheet