Information for Healthcare Professionals about the Screening Checklist for the COVID-19 Vaccine*

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP’s General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html


1. Are you feeling sick today?
   If yes, refer to the vaccination site healthcare provider for assessment of current health status. If patient is feeling moderately or severely ill, do not vaccinate at this time and ask the patient to return when symptoms improve.

2. In the last 10 days have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure? Are you on quarantine because of travel requirements?
   If yes, advise patient to return to isolation/quarantine, and reschedule for after isolation or quarantine ends.

   If patient was diagnosed with COVID-19 greater than 10 days ago and has been asymptomatic for 24 hours or more, patient may be vaccinated.

   If the patient has had a test in the last 10 days, ask the result. If positive send them home, if negative they can proceed to vaccination. If the result is unsure or unknown advise the patient to return once a negative test has been confirmed or 10 days have passed since a positive test.

3. Have you been treated with antibody therapy for COVID-19 in the past 90 days (3 months)? If yes, when did you receive the last dose?
   If yes, reschedule at least 90 days after last dose of antibody therapy.

4. Have you ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing, to any vaccine or shot?
   If yes, then refer to the vaccination site healthcare provider for assessment of allergic reaction.

5. Have you had any vaccines in the past 14 days (2 weeks) including flu shot? If yes, how long ago was your most recent vaccine?
   If yes, then reschedule at least 14 days after the most recent vaccine.

6. Are you pregnant or considering becoming pregnant?
   If yes, ask the patient to consider having a discussion with her/his provider or a healthcare provider at site for counseling on the risks and benefits of COVID-19 vaccine during pregnancy.

   Patient may be vaccinated if they choose.

7. Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?
   If yes, refer to the vaccination site healthcare provider to discuss what is known and not yet known about COVID-19 vaccine for immunocompromised people.

   You can tell the patient that if they are immunocompromised or are on a medicine that affects their immune system, they may have a less strong immune response to the vaccine but may still get vaccinated. They should continue to follow current guidance to protect themselves against COVID-19.

8. Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments recently?
   If yes, refer to healthcare provider to discuss what is known and not yet known about COVID-19 vaccine for immunosuppressed people.

   You can tell the patient that if they are immunocompromised or are on a medicine that affects their immune system, they may have a less strong immune response to the vaccine but may still get vaccinated. They should continue to follow current guidance to protect themselves against COVID-19.

* Anyone answering “Unknown” to any screening question should be referred to the medical director or responsible healthcare provider at the POD or clinic to further assess their answer to that question. (E.g., the person might not have understood the question and the healthcare provider could explain it further).