



For vaccine recipients:

The following questions will help us determine if there is any reason you should post-pone, or refrain from getting COVID-19 vaccine. **If you answer "yes" to any of these questions, please contact your provider at DMC Primary Care at 603-537-1300 to verify if it is still safe to receive your COVID-19 vaccine.**

Pre-vaccination Checklist & Consent for COVID-19 Vaccines

	YES	NO
1. Are you feeling sick today?		
2. Have you ever received a dose of COVID-19 vaccine?		
If yes, what product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson <input type="checkbox"/> Another Product: _____		
3. Have you ever had an allergic reaction to: (including anaphylaxis requiring treatment with epi-pen and hospitalization) <ul style="list-style-type: none"> • A component of the COVID-19 Vaccine: <ul style="list-style-type: none"> ○ Polyetherlene Glycol ○ Pllysorbate ○ A previous dose of COVID-19 Vaccine ○ A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component but is not known which component elicited the reaction 		
4. Have you ever had an allergic reaction to another vaccine other than COVID-19 Vaccine? (including anaphylaxis requiring treatment with epi-pen and hospitalization)		
5. Have you ever had a severe allergic reaction to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental or oral medication allergies.		
6. Have you received any vaccine in the last 14 days?		
7. Have you ever had a positive test for COVID-19? Or has a doctor ever told you that you had COVID-19?		
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent plasma) as treatment for COVID-19?		
9. Do you have a weakened immune system? (caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies)		
10. Do you have a bleeding disorder or are you taking a blood thinner?		
11. Do you have a history of, or a risk factor for blood clotting disorder?		
12. Are you pregnant or breastfeeding?		

New Hampshire participates in a vaccine registry. New Hampshire Immunization Information System (NHIS) is a secure, statewide, web-based system that connects and shares immunization information among public clinics, private provider offices, local health departments, schools, hospitals, and other health care facilities that administer immunizations and provide medical care to New Hampshire residents.

I agree to have my COVID-19 vaccine information shared via the NHIS vaccine registry. Yes No

I fully understand the benefits and risks of the vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign.

Patient/Vaccine Recipient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

If vaccine recipient under 18 – Parent/Guardian Signature: _____