

FIT TO IMMUNIZE

Please answer these questions prior to vaccination:

1. Are you feeling well today?

Yes No

2. Do you have any allergies?

Yes No

3. Have you ever had a reaction to a vaccine?

Yes No

4. Do you take any medications regularly?

Yes No

5. Have you received any doses of COVID-19 vaccine previously?

Yes No

6. Have you received any other vaccines/biologicals in the last two weeks?

Yes No

7. Do you have a health condition that has required a recent doctor's visit or will require a doctor's visit on a regular basis?

Yes No

8. Do you have an autoimmune condition or are you immunocompromised?

Yes No

9. Are you pregnant or breastfeeding?

Yes No
