

INFORMATION FOR HEALTH CARE PROFESSIONALS ABOUT VACCINATION ELIGIBILITY

1. Are you pregnant?

IF YES: Please ask the patient whether they discussed vaccination with a medical provider. Patients who are pregnant may choose to be vaccinated whether they discussed vaccination with a medical provider or not.

2. Are you currently breastfeeding?

IF YES: Please ask the patient whether they discussed vaccination with a medical provider. Patients who are lactating may choose to be vaccinated whether they discussed vaccination with a medical provider or not.

3. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to a vaccine or injectable therapy, or a history of anaphylaxis due to any cause?

IF YES: Please ask the patient whether they discussed vaccination with a medical provider. If they have, allow vaccination to proceed. Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:

- **Persons with a history of anaphylaxis: 30 minutes**
- **All other persons: 15 minutes**

4. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any component of the vaccine, including lipid nanoparticles or polyethylene glycol (PEG)?

IF YES: Do Not Vaccinate

5. Have you received any other vaccine within the past 14 days or are scheduled to receive any vaccine in the next 14 days?

IF YES: Do Not Vaccinate

6. Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days?

IF YES: Do Not Vaccinate

7. Are you under age 16?

FOR PFIZER VACCINE, IF YES: Do Not Vaccinate

FOR MODERNA VACCINE, IF UNDER AGE 18: Do Not Vaccinate

8. Are you currently sick? For example, are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.?

IF YES: Have patient discuss existing symptoms with a medical provider.

9. Do you have a bleeding disorder or are you taking a blood thinner?

IF YES: Have patient discuss with a medical provider. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

10. Have you tested positive for COVID-19 in the last 10 days?

IF YES: Do Not Vaccinate

11. Are you currently in quarantine for COVID-19 exposure?

IF YES: Do Not Vaccinate

12. If this is your second dose, when was the date of your first dose?

Do Not Vaccinate if less than 17 days ago for Pfizer, or less than 24 days ago for Moderna.

13. If this is your second dose, which vaccine did you receive (Pfizer, Moderna, etc.)?

Ensure that the second dose is from the same manufacturer as the first dose.

If different: Do Not Vaccinate.