

# COVID-19 Vaccination Screening

Please answer the following with either yes or no

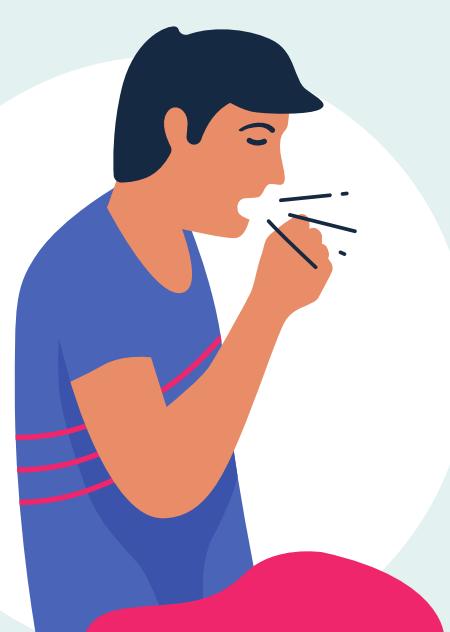


yes

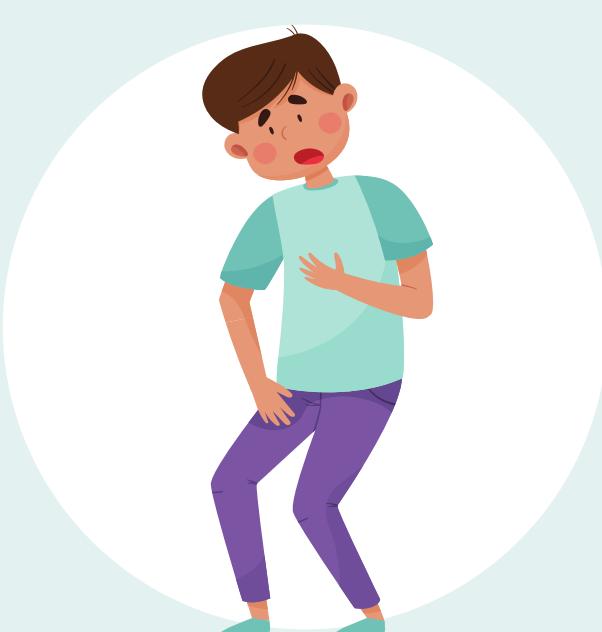
no

Ask me if you don't understand.

Do you have any COVID-19 symptoms?



new or  
worse cough



difficulty  
breathing  
or shortness  
of breath



fever over  
 $37.8^{\circ}\text{ C}$   
or chills



feeling very  
unwell

# Do you have any COVID-19 symptoms?



vomiting



headaches



muscle or  
body aches



fatigue or  
weakness



diarrhea



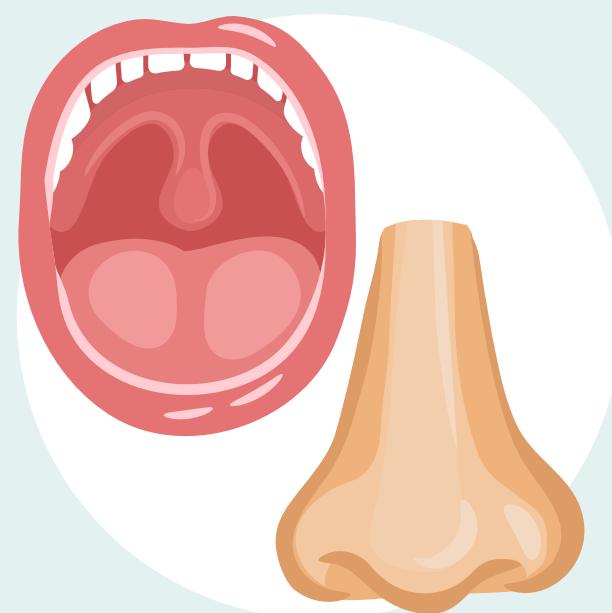
falling down  
often



pink eye



runny  
nose



loss of taste  
or smell



sore  
throat

The next questions are about severe allergic reactions, or anaphylaxis.



Anaphylaxis usually includes two (2) or more of the following symptoms:

### Respiratory (breathing):

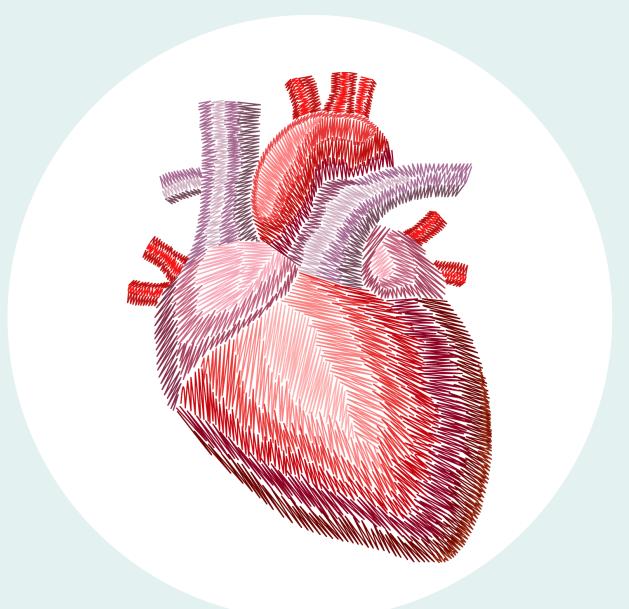
coughing  
shortness of breath  
chest pain/tightness  
wheezing  
throat tightness

hoarse voice  
trouble swallowing  
nasal congestion (runny  
itchy nose and  
watery eyes, sneezing)



### Cardiovascular (heart):

paler than normal skin colour  
weak pulse  
fainting/dizzy  
lightheadedness  
shock



# Anaphylaxis symptoms (continued)

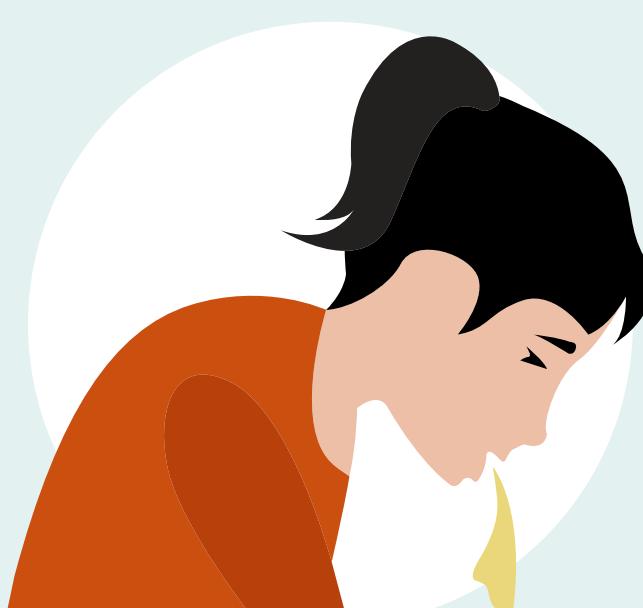
## Skin:

- hives
- itching
- swelling (face, lips, tongue)
- flushed or red skin



## Gastrointestinal (Stomach):

- nausea
- pain/cramps
- vomiting
- diarrhea



## Other:

- anxiety
- sense of doom
- headache
- uterine cramps
- metallic taste



Have you had a severe allergic reaction to a previous dose of a COVID mRNA vaccine?



Do you have suspected hypersensitivity?

Have you had an immediate allergic reaction to:

a previous dose of an mRNA vaccine?



Have you had an immediate allergic reaction to:

any components of an mRNA vaccine:



polyethylene glycol

tromethamie

polysorbate (due to potential cross-reactive hypersensitivity with vaccine ingredient)

Have you ever had a severe or immediate allergic reaction to any other vaccine or injectable therapy?



Have you ever had a severe allergic reaction to:



food



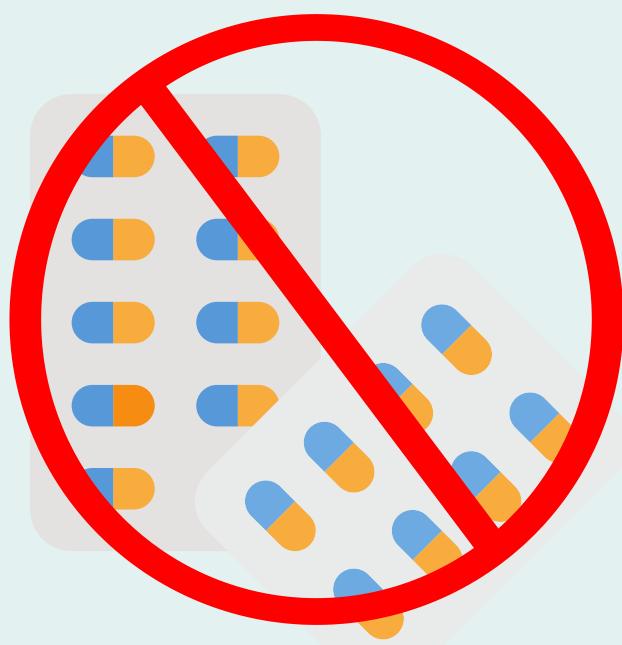
pets or  
venom



environment



latex



medications

or anything else?

Have you received another vaccine  
in the last 14 days?



Are you or could you be pregnant?

Are you breastfeeding?



Do you have any problems with  
your immune system?

Are you taking any medications that can  
affect your immune system?

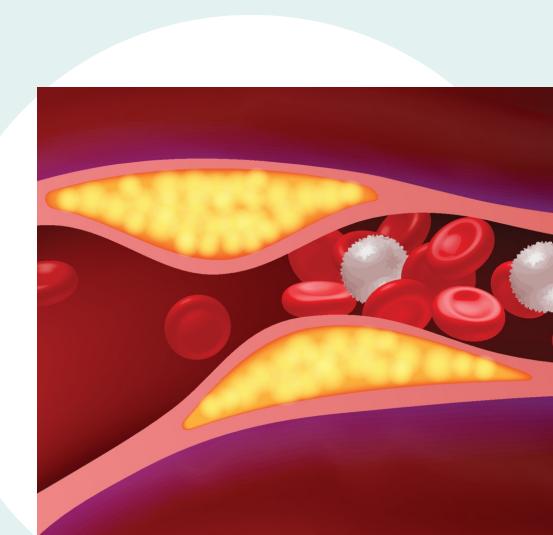


Do you have an autoimmune disease?

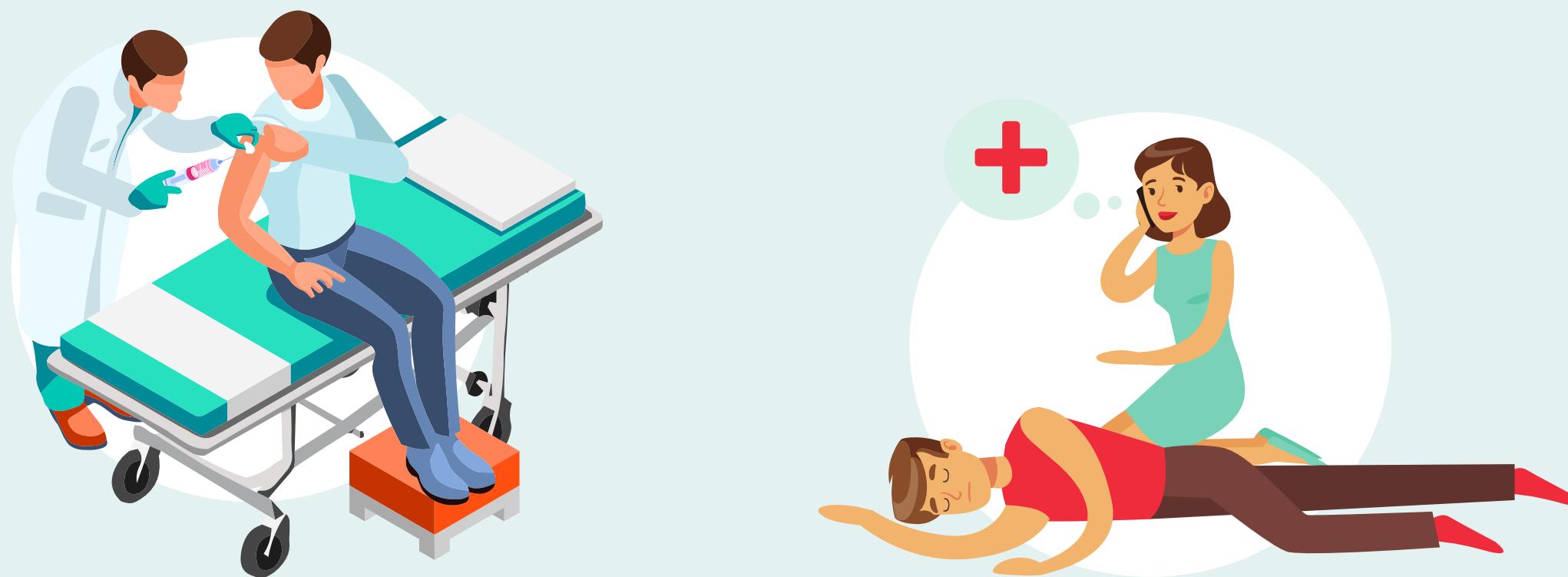
Do you have a bleeding disorder?



Are you taking any medication that could affect blood clotting?



Have you ever fainted or felt faint after a past vaccine or medical procedure?

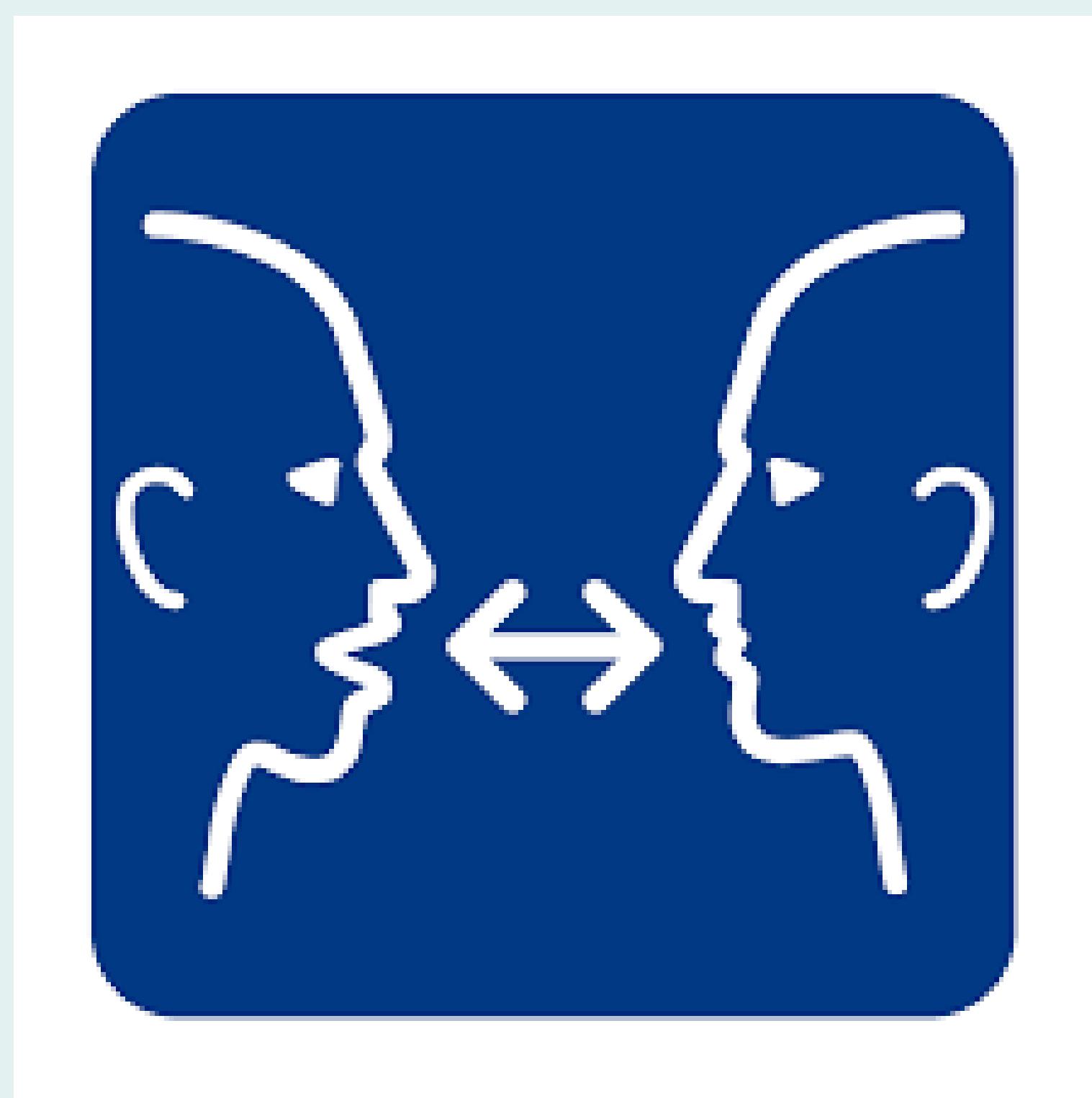


Do you have any questions or concerns?



Questionnaire made communicatively accessible by  
Brittany Clark, Speech-Language Pathologist

Halton-Peel Community Aphasia Programs



Thanks to Grand River Hospital and  
Region of Waterloo Public Health & Emergency Services  
for providing the questions for this document

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