

# Prevaccination Checklist for COVID-19 Vaccines

# 成人疫苗接種 禁忌症 篩查清單



患者姓名 Patient Name \_\_\_\_\_  
 出生日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Age \_\_\_\_\_

For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.

If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked.

If a question is not clear, please ask your healthcare provider to explain it.

Yes No Don't know

1. Are you feeling sick today?	1. 您今天生病嗎?			
2. Have you ever received a dose of COVID-19 vaccine?	2. 您是否曾經接受過劑量為19的疫苗疫苗?			
• If yes, which vaccine product did you receive? 如果是，您收到了哪些疫苗？ <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product _____				
3. Have you ever had an allergic reaction to:	3. 您是否曾在接種疫苗後產生嚴重反應？			
(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)				
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures				
• Polysorbate	聚硫酸鹽	COVID-19疫苗的成分，其中包括在某些藥物中發現的聚乙二醇二醇，例如瀉藥和結腸鏡檢查程序的製備		
• A previous dose of COVID-19 vaccine		COVID-19疫苗的第1劑劑量		
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?	4. 您是否曾經對COVID-19疫苗或可注射藥物以外的成分進行過嚴重的過敏反應？			
(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)				
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.	5. 您是否由於諸如HIV感染或癌症之類的原因而導致了免疫系統的衰弱，或者您是否採用了免疫抑制藥物或治療方法？			
6. Have you received any vaccine in the last 14 days?	6. 最近14天內您收到過疫苗嗎？			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	7. 您是否曾經進行過陽性的測試，或者曾經有醫生告訴過您您患有COVID-19？			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	8. 您是否接受過被動抗體治療（單克隆抗體或濃縮血清）作為COVID-19的治療藥物？			
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?	9. 您是否由於諸如HIV感染或癌症之類的原因而導致了免疫系統的衰弱，或者您是否採用了免疫抑制藥物或治療方法？			
10. Do you have a bleeding disorder or are you taking a blood thinner?	10. 您是否患有流血性疾病或服用血液稀釋劑？			
11. Are you pregnant or breastfeeding?	11. 你懷孕了嗎？ 你是母乳喂養？			

Form reviewed by \_\_\_\_\_

Date \_\_\_\_\_