



## Department of Health

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### Information for Health Care Professionals about the Screening Checklist for the COVID-19 Vaccine

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**Note:** For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

**1. Are you feeling sick today?**

If yes, refer to the vaccination site health care provider for assessment of current health status. If patient is feeling moderately or severely ill, do not vaccinate at this time. Ask the patient to return when symptoms improve.

**2. In the last 10 days, have you had a COVID-19 test because you had symptoms and are still awaiting your test results or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure?**

If yes, advise patient to return to isolation or quarantine and reschedule for after isolation/quarantine ends.

If the patient was diagnosed with COVID-19 greater than 10 days ago and has been asymptomatic for 72 hours or more, patient may be vaccinated.

If the patient has had a test in the last 10 days, ask for the result. If positive, send them home. If negative, they can proceed to vaccination. If the result is unsure or unknown, advise the patient to return once a negative test has been confirmed or 10 days have passed since a positive test.

**3. Have you been treated with antibody therapy or convalescent plasma for COVID-19 in the past 90 days (3 months)? If yes, when did you receive the last dose?**

If yes, reschedule at least 90 days after last dose of antibody therapy.

**4. Have you ever had an immediate allergic reaction, such as hives, facial swelling, difficulty breathing, anaphylaxis to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything?**

If yes, then refer to the vaccination site health care provider for assessment of allergic reaction.

Review the ingredient lists at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C>

Contraindications to COVID-19 vaccine:

- Severe allergic reaction (e.g., anaphylaxis) or immediate allergic reaction of any severity after a previous dose or to a component of the COVID-19 vaccine

- People with a contraindication to one of the mRNA COVID-19 vaccines should not receive doses of either of the mRNA COVID-19 vaccines (Pfizer or Moderna)

Precautions to COVID-19 vaccine: (Refer to your organization’s protocol to see whether individuals with a precaution to vaccination warrant further evaluation.)

- Immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies excluding subcutaneous immunotherapy for allergies)
- Individuals with a contraindication to one type of COVID-19 vaccine (e.g., mRNA) have a precaution to the other (e.g., Janssen viral vector)
  - Consultation with an allergist-immunologist should be considered to help determine if the patient can safely receive vaccination, and vaccination of these individuals should only be undertaken in an appropriate clinical setting under the supervision of a health care provider experienced in the management of severe allergic reactions.
  - Note: These individuals should not be administered COVID-19 vaccine at State-operated vaccination sites.

For patients who are determined eligible for COVID-19 vaccination after assessment of allergy history, a 30-minute post-vaccination observation period is needed for the following:

- Patients with a history of an immediate allergic reaction of any severity to any other vaccine or injectable therapy
- Patients with a contraindication to a different type of COVID-19 vaccine (e.g., mRNA vs. Janssen viral vector)
- Patients with a history of anaphylaxis due to any cause

**5. Have you had any vaccines in the past 14 days (two weeks) including a flu shot? If yes, how long ago was your most recent vaccine?**

If yes, then reschedule at least 14 days after the most recent vaccine.

**6. Are you pregnant or considering becoming pregnant?**

If yes, ask the patient if they would like to have a discussion with a health care provider at site for counseling on the risks and benefits of COVID-19 vaccine during pregnancy. Patient may be vaccinated if they choose and does not need to go to medical evaluation if they choose.

**7. Do you have cancer, leukemia, HIV/AIDS, or any other condition that weakens the immune system?**

If yes, ask the patient if they would like to have a discussion with the vaccination site health care provider about what is known and not yet known about COVID-19 vaccine for immunocompromised people. You can tell the patient that they may have a less strong immune response to the vaccine but may still get vaccinated. Patient may be vaccinated if they choose and does not need to go to medical evaluation if they choose not to.

**8. Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?**

If yes, ask the patient if they would like to have a discussion with the vaccination site health care provider about what is known and not yet known about COVID-19 vaccine for immunosuppressed people. You can tell the patient that they may have a less strong immune response to the vaccine but may still get vaccinated. Patient may be vaccinated if they choose and does not need to go to medical evaluation if they choose not to.

**9. Do you have a bleeding disorder, a history of blood clots or are you taking a blood thinner?**

If yes, refer to health care provider to assess the patient's bleeding risk and thrombosis history. Persons with a history of immune-mediated thrombosis and thrombocytopenia, such as Heparin-Induced Thrombocytopenia (HIT) within the past 6 months should be offered an mRNA COVID-19 vaccine (i.e., Pfizer or Moderna vaccine) instead of Janssen (Johnson & Johnson) vaccine. If a person with a bleeding disorder or taking a blood thinner is cleared for vaccination, then administer vaccine using a 23-gauge or smaller caliber needle and apply firm pressure on the site of vaccination, without rubbing, for at least 2 minutes after vaccination.

**10. Have you received a previous dose of the COVID-19 vaccine?**

If yes, verify that the second dose of mRNA COVID-19 vaccine is from the same manufacturer as the previous dose and that the second dose is being administered within the correct timeframe (21 days from first dose for Pfizer; 28 days from first dose for Moderna). If patient does not recall previous COVID-19 vaccine received, check medical records, NYSIIS, CIR, and vaccination record cards to help determine the initial product received. The second dose of an mRNA COVID-19 vaccine should be administered as close to the recommended interval as possible. The Janssen COVID-19 vaccine only requires one dose.

At State-operated vaccination sites: If a person presents for a Janssen COVID-19 vaccine after previously having received one dose of the Pfizer or Moderna COVID-19 vaccine, they should not be administered the Janssen COVID-19 vaccine.

**\* Anyone answering "Unknown" to any screening question should be referred to the medical director or responsible health care provider at the POD or clinic to further assess their answer to that question. (E.g., the person might not have understood the question and the health care provider could explain it further).**