

Moderna Pre-Screening Assessment

Have you been sick in the past few days? Do you have symptoms of COVID-19 or have a fever today?

Have you had a serious allergic reaction or a reaction within 4 hours to the COVID-19 vaccine before?

Do you have allergies to polyethylene glycol, tromethamine (Moderna only) or polysorbate?

Have you had a serious allergic reaction to a vaccine or medication given by an injection (e.g., IV, IM), needing medical care?

Have you received a vaccine in the past 14 days?

Are you or could you be pregnant or breastfeeding?

Do you have a weakened immune system or are you taking any medications that can weaken your immune system (e.g., high dose steroids, chemotherapy)?

Do you have an autoimmune condition?

Do you have a bleeding disorder or are you taking blood thinning medications?

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

Do you have any questions?