Pre-vaccination Checklist for COVID-19 Vaccines

I AM DEAF OR HARD OF HEARING
I am using this card to communicate.
I may need a certified sign language interpreter or captioning to communicate.

Patient Name: ___________________________ DOB: ________

☐ YES ☒ NO ☐ DON’T KNOW (circle one)

Have an appointment? ☐ ☒ ?

Sick today? ☐ ☒ ?

Already got a dose of the COVID-19 vaccine? ☐ ☒ ?

☐ Pfizer ☐ Moderna ☒ Other __________

Severe allergy to:

☐ Food ☐ Pets ☐ Meds ☐ Shots

☐ Other __________

Need EpiPen®? ☐ ☒ ?

Receive any other vaccines in last 14 days? ☐ ☒ ?

COVID-19 positive before? ☐ ☒ ?

Receive antibody therapy for COVID-19? ☐ ☒ ?

Have HIV, cancer or take immunosuppressant drugs? ☐ ☒ ?

Have bleeding disorder or take blood thinners? ☐ ☒ ?

Pregnant or breastfeeding? ☐ ☒ ?

Source: Centers for Disease Control and Prevention

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