

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?



  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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