1. Are you feeling ill today? आज क्या बुखार है?
No ☐ Yes ☐

2. Have you read the COVID-19 Vaccine Healthfile? आपको कोविड-19 वैक्सीन के स्वास्थ्य चर्चा पैकेट चित्रित है?
No ☐ Yes ☐

3. Do you have any questions? आपको कोई प्रश्न है?
No ☐ Yes ☐

4. Do you have any allergies? आपको कोई आलर्जिया है?
No ☐ Yes ☐
   • If yes, do you have a severe allergy to: यदि है, तो आपको लघु प्रतिक्रिया के लिए?

      □ Polyethylene glycol (PEG) - can be found in some cosmetics, skin care products, laxatives, cough syrups, and bowel preparation products for colonoscopy. PEG can be an additive in some processed foods and drinks but no cases of anaphylaxis to PEG in foods and drinks have been reported.

      □ Polysorbate 80 – can be found in medical preparations (e.g., vitamin oils, tablets and anticancer agents) and cosmetics.

5. Have you ever had a severe allergic reaction (anaphylaxis)?
   आप कभी भी कोई लघु प्रतिक्रिया के लिए सहायक नहीं रहे?
No ☐ Yes ☐

PUNJABI

Translation: Translated Informed Consent/Health Assessment Questions

1. Are you feeling ill today? आज क्या बुखार है?
   No ☐ Yes ☐

2. Have you read the COVID-19 Vaccine Healthfile? आपको कोविड-19 वैक्सीन के स्वास्थ्य चर्चा पैकेट चित्रित है?
   No ☐ Yes ☐

3. Do you have any questions? आपको कोई प्रश्न है?
   No ☐ Yes ☐

4. Do you have any allergies? आपको कोई आलर्जिया है?
   No ☐ Yes ☐
   • If yes, do you have a severe allergy to: यदि है, तो आपको लघु प्रतिक्रिया के लिए?

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5. Have you ever had a severe allergic reaction (anaphylaxis)?
   आप कभी भी कोई लघु प्रतिक्रिया के लिए सहायक नहीं रहे?
   No ☐ Yes ☐

PUNJABI
6. If this is your second dose, did you have any allergic or serious reactions after the first dose?

No ☐ Yes ☐

7. Do you have any problems with your immune system or are you taking any medications that can affect your immune system?

No ☐ Yes ☐

8. Do you have an autoimmune condition (i.e., a condition in which your immune system mistakenly attacks your body)?

No ☐ Yes ☐

9. Are you pregnant or breastfeeding?

No ☐ Yes ☐

10. Were you hospitalized because of COVID-19 within the last 3 months?

No ☐ Yes ☐

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

No ☐ Yes ☐