

This resource is intended to assist healthcare providers while conducting an informed consent conversation and health assessment with a client. Questions listed below are related to the contraindications, precautions and special considerations for COVID-19 immunization, for which additional information can be found in the BC Immunization Manual, [Part 4 – Biological Products, COVID-19 vaccines](#).

Contraindications: *A condition in a recipient that increases the risk for a serious adverse event. In general, a vaccine should not be administered when a contraindication is present.*

<p>1. Do you have any allergies?</p> <p>1a. If yes: Do you have a severe allergy to:</p> <ul style="list-style-type: none"> • Polyethylene glycol (PEG) - contained in the Moderna and Pfizer-BioNTech COVID-19 vaccines. 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 – contained in the AstraZeneca/COVISHIELD and Janssen vaccines. It is also found in medical preparations (e.g., vitamin oils, tablets and anticancer agents) and cosmetics. <p>1b. If yes to #1, have you had anaphylaxis (severe allergy) from an unknown cause? Were you seen by an allergy specialist?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, please provide details</p> <p>If anaphylaxis without known or obvious cause, consider referral to an allergist prior to immunization.</p>
<p>2. If this is your second COVID-19 vaccine dose, did you have any of the following after the first dose?</p> <ul style="list-style-type: none"> • A severe allergic reaction (e.g., anaphylaxis) • Thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine (Specific to AstraZeneca/COVISHIELD and Janssen vaccines only) 	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p>3. Do you have a history of capillary leak syndrome? (Specific to AstraZeneca/COVISHIELD vaccines only)</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, the individual should be offered an mRNA COVID-19 vaccine.</p>

Precautions: *A condition in a recipient that might increase the risk for a serious adverse reaction or might compromise the ability of the vaccine to produce immunity. When a precaution is present, further assessment and a risk-benefit analysis may be necessary.*

<p>4. Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes to any of these questions, a complete COVID-19 vaccine series should be offered if a risk assessment deems that the benefits outweigh the potential risks for the individual, and if informed consent includes discussion about the limited data on the use of COVID-19 vaccine in these populations.</p>
<p>5. Do you have an autoimmune condition?</p>	
<p>6. Are you or could you be pregnant?</p>	
<p>7. Are you breastfeeding?</p>	
<p>8. If this is your second dose, did you have any allergic reactions after the first dose, or side effects for which you sought medical attention?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, please provide details</p>
<p>9. Have you ever experienced a previous cerebral venous sinus thrombosis (CVST) with thrombocytopenia or heparin-induced thrombocytopenia (HIT)? (Specific to AstraZeneca/COVISHIELD and Janssen vaccines only)</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, the individual should only receive an adenovirus vector COVID-19 vaccine if the benefits outweigh the potential risks and an mRNA vaccine is unavailable.</p>
<p>10. Have you recently received specific medications for COVID-19 prevention or treatment (monoclonal antibodies or convalescent plasma) within the last 3 months?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, defer vaccination for at least 90 days following receipt of these antibody treatments. Deferral is not required following treatment with tocilizumab or sarilumab.</p>
<p>11. Have you been diagnosed with Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) within the last 3 months?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, defer vaccination for at least 90 days following date of MIS-C or MIS-A diagnosis.</p>

Special Considerations

<p>12. Are you feeling ill today?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, what symptoms?</p>
<p>13. Have you ever felt faint or fainted after a past vaccination or medical procedure?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, please provide details</p>