

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](#).

<p><b>Contraindications:</b> <i>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.</i></p>	
<p><b>1. Do you have any allergies?</b></p> <p><b>1a. If yes: Do you have a severe allergy to:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Polysorbate 80 – contained in the Novavax vaccine. It is also found in medical preparations (e.g., vitamin oils, tablets and anticancer agents) and cosmetics.</li> </ul> <p><b>1b. If yes to #1, have you had anaphylaxis (severe allergy) from an unknown cause? Were you seen by an allergy specialist?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details</p> <p>If anaphylaxis without known or obvious cause, consider referral to an allergist prior to immunization.</p>
<p><b>2. If you have received a COVID-19 vaccine dose previously, did you have a severe allergic reaction (e.g., anaphylaxis) following the vaccination?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If the client experienced anaphylaxis to a previous dose of mRNA COVID-19 vaccine, have they consulted with an allergist or appropriate physician (e.g., Medical Health Officer)? See PRECAUTIONS section of COVID-19 mRNA vaccine pages.</p>
<p><b>Precautions:</b> <i>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.</i></p>	
<p><b>3. If you received a COVID-19 vaccine dose previously, did you have any allergic reactions after vaccination, or side effects for which you sought medical attention (e.g., myocarditis/pericarditis)?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details</p>
<p><b>4. Are you taking any medications or receiving treatment that can affect your immune system (e.g., high dose steroids, chemotherapy)?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, refer to <a href="#">Immunosuppressive Therapies and Timing with COVID-19 Vaccination</a>.</p>
<p><b>5. Have you been diagnosed with Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) within the last 3 months?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, defer vaccination for at least 90 days following date of MIS-C or MIS-A diagnosis.</p>
<p><b>Special Considerations</b></p>	
<p><b>6. Are you feeling ill today?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what symptoms?</p>
<p><b>7. Have you ever felt faint or fainted after a past vaccination or medical procedure?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details</p>