

VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
COVID-19 VACCINE PRE-SCREENING ELIGIBILITY FORM FOR THE MODERNA VACCINE¹

Name: _____

DOB/Age: _____

Medical record number (if applicable): _____

For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider or vaccine administration staff to explain it.

	Yes	No	I don't know
1. Have you ever received a dose of COVID-19 vaccine?			
1a. If yes, which vaccine product? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product			
2. Are you feeling sick today?			
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) after receiving a COVID-19 vaccine ? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?			
4. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19 within the past 90 days?			
5. Have you received another vaccine in the last 14 days?			
6. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19 within the past 90 days?			
7. Have you ever had a severe allergic reaction (e.g., anaphylaxis) after receiving ANY vaccine or injectable medication ? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?			
8. Do you have a bleeding disorder or are you taking a blood thinner?			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Are you pregnant or breastfeeding?			

¹ Adapted from [CDC Pre-Vaccination Checklist for COVID-19 Vaccines](#)

Instructions for responses to COVID-19 vaccine pre-screening questionnaire²:

If your answer to Question 1a, was anything other than a Moderna vaccine, then you should not receive the Moderna vaccine today. If you have received a previous dose of the Moderna vaccine, you should confirm that there has been a minimum of 28 days since the first dose was administered. The Moderna COVID-19 Vaccine is a 2 dose series.

If you answered "Yes" to any of the questions 2 to 6, you should NOT have the Moderna Vaccine today:

- If you are sick, we recommend you delay vaccination until your symptoms have resolved. If you are diagnosed with COVID-19 you should delay the vaccination for 90 days after diagnosis.
- If you have received a different COVID-19 vaccine, you should not receive the Moderna Vaccine as there is no data on safety or efficacy of combining vaccines from different manufacturers. If you were vaccinated as part of a clinical trial, you should contact the research team with any questions or concerns about receiving Moderna Vaccine.
- If you have a history of anaphylaxis to any of the ingredients in the Moderna Vaccine, you should not receive the Moderna Vaccine at any time, based on current guidance.
- If you have received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19 within the past 90 days, you should delay the vaccination for 90 days since treatment with passive antibody therapy.
- If you have received other vaccinations recently for something other than COVID-19, it is recommended that you wait 14 days following that vaccine(s) prior to receiving the Moderna Vaccine.
- If you have been diagnosed with COVID-19 at any time within the past 90 days, we recommend waiting 90 days from your diagnosis before getting the Moderna Vaccine.

If you answered "Yes" to question 7 or 8, notify the staff before receiving the Moderna Vaccine.

- If you have a history of anaphylaxis to something other than the Moderna Vaccine ingredients, we will increase your monitoring time after vaccination to make sure there is no evidence of an anaphylactic reaction.
- If you have a history of a bleeding disorder or take a blood thinner, we will monitor for bleeding at the injection site.

If you answered "Yes" to question 9 or 10, you can choose to have the Moderna Vaccine today with the understanding that there is not yet good data on safety and efficacy of the Moderna Vaccine in these groups.

If you answered "I don't know" to any questions, please discuss with the vaccine administration staff to determine your eligibility for the vaccine.

² More specific details available on [CDC Pre-Vaccination Checklist for COVID-19 Vaccines](#)