Patient Screening & Consent

1. Screening checklists - COVID-19, childhood & routine adult
2. Patient consent form
3. Preventative measures for vaccinating during a pandemic

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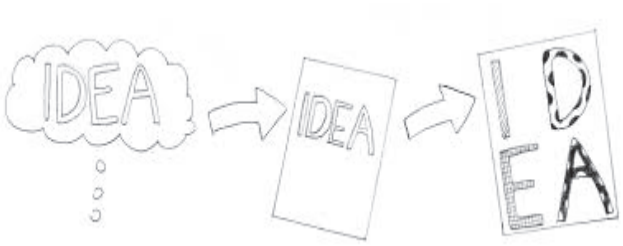
NOTES



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Prevaccination Checklist for COVID-19 Vaccines

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 to explain it.

Name _____

Age _____

	Yes	No	Don't know
1. Are you feeling sick today?	☐	☐	☐
2. Have you ever received a dose of COVID-19 vaccine?	☐	☐	☐
• If yes, which vaccine product did you receive? ☐ Pfizer ☐ Moderna ☐ Janssen *(Johnson & Johnson)* ☐ Another Product _____			
• Did you bring your vaccination record card or other documentation? *(yes/no)*	☐	☐	
3. Have you ever had an allergic reaction to: *(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)*			
• A component of a COVID-19 vaccine, including either of the following:			
○ Polyethylene glycol *(PEG)*, which is found in some medications, such as laxatives and preparations for colonoscopy procedures	☐	☐	☐
○ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	☐	☐	☐
• A previous dose of COVID-19 vaccine	☐	☐	☐
4. Have you ever had an allergic reaction to another vaccine *(other than COVID-19 vaccine)* or an injectable medication? *(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)*	☐	☐	☐

5. Check all that apply to you:

- ☐ Am a female between ages 18 and 49 years old
- ☐ Am a male between ages 12 and 29 years old
- ☐ Have a history of myocarditis or pericarditis
- ☐ Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
- ☐ Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
- ☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- ☐ Have a weakened immune system (i.e., HIV infection, cancer)
- ☐ Take immunosuppressive drugs or therapies
- ☐ Have a bleeding disorder
- ☐ Take a blood thinner
- ☐ Have a history of herparin-induced thrombocytopenia (HIT)
- ☐ Am currently pregnant or breastfeeding
- ☐ Have received dermal fillers

Form reviewed by _____ **Date** _____

Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists

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Prevaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals

For additional information on COVID-19 vaccine clinical guidance, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

For additional information on Advisory Committee on Immunization Practices *General Best Practice Guidelines for Immunization*, see https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

COVID-19 vaccines are authorized for different age groups and are given intramuscularly as a two-dose series or single dose.

VACCINE PRODUCT	AUTHORIZED AGE GROUPS	SERIES	INTERVAL
Pfizer-BioNTech COVID-19 Vaccine	12 years of age and older	2 doses	21 days
Moderna COVID-19 Vaccine	18 years of age and older	2 doses	28 days
Janssen COVID-19 Vaccine (Johnson & Johnson)	18 years of age and older	1 dose	N/A

Anyone outside the authorized age groups for a product should not receive the vaccine.

Postvaccination Observation Times for Persons without Contraindications to COVID-19 Vaccination

- **30 minutes:**
  - History of an immediate allergic reaction of any severity to a vaccine or injectable therapy
  - Contraindication to a different type of COVID-19 vaccine (for example, people with a contraindication to mRNA vaccines who receive a Janssen (Johnson & Johnson COVID-19 Vaccine)
  - History of anaphylaxis due to any cause
- **15 minutes:**
  - All other persons

Co-administration of COVID-19 vaccines and other vaccines

COVID-19 vaccines and other vaccines **may be administered without regard to timing.** This includes simultaneous administration of COVID-19 vaccines and other vaccines during the same visit. Other vaccines can also be administered anytime before or after COVID-19 vaccination.

1. Are you feeling sick today?

While there is no evidence acute illness reduces vaccine efficacy or increases adverse reactions, as a precaution, **delay vaccinating patients with moderate or severe illness** until the illness has improved.

Defer vaccination of persons with current SARS-CoV-2 infection until the person has recovered from acute illness and discontinued isolation. This recommendation applies regardless of whether the SARS-CoV-2 infection occurred before the recipient received an initial dose or between doses, for a two-dose vaccine. Viral or serological testing to assess for current or prior infection solely for the purpose of vaccine-decision making is not recommended.

People with mild illnesses can be vaccinated. Do not withhold vaccination if a person is taking antibiotics.

2. Have you ever received a dose of COVID-19 vaccine?

COVID-19 vaccines are not interchangeable.

For two-dose products, check medical records, immunization information systems, and vaccination record cards to help determine the initial product received. If the vaccine product for the first dose cannot be determined or is no longer available, any available mRNA vaccine may be administered (separate doses by at least 28 days). If two doses of different mRNA COVID-19 vaccine are inadvertently administered, no additional doses of either product are recommended.

People who received a trial vaccine should consult with the trial sponsors to determine if it is possible to receive additional doses.

For people who received a COVID-19 vaccine outside the United States:

- People who received all recommended doses of an FDA-authorized COVID-19 vaccine do not need any additional doses. People who received the first dose of an FDA-authorized COVID-19 vaccine that requires two doses **do not need** to restart the vaccine series in the United States but should receive the second dose as close to the recommended time as possible.
- People who have received all recommended doses of a COVID-19 vaccine listed for emergency use by WHO **do not need** any additional doses with an FDA-authorized COVID-19 vaccine. See Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States (https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html) for a list of WHO vaccines for emergency use.
- People who have not received all the recommended doses of a COVID-19 vaccine listed for emergency use by WHO may be offered a complete FDA-authorized COVID-19 vaccine series. Wait at least 28 days after the last dose of the non-FDA-authorized vaccine before administering an FDA-authorized COVID-19 vaccine.
- People who received all or some of the recommended doses of a COVID-19 vaccine not listed for emergency use by WHO and not authorized by FDA may be offered a complete FDA-authorized COVID-19 vaccine series. Wait at least 28 days after the last dose of the non-authorized vaccine before administering an FDA-authorized COVID-19 vaccine.

3. Have you ever had an allergic reaction to:

- A component of a COVID-19 vaccine, including:
  - Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures
  - Polysorbate, which is found in some vaccines, film-coated tablets, and intravenous steroids
- A previous dose of COVID-19 vaccine

Persons with an immediate allergic reaction* to a previous COVID-19 vaccine dose or a known (diagnosed) allergy to a component of the vaccine have a contraindication to vaccination.

Persons with a contraindication to an mRNA COVID-19 vaccine should not receive doses of either of the mRNA vaccines (Pfizer-BioNTech or Moderna). Persons with a contraindication to mRNA COVID-19 vaccines (including due to a known [diagnosed] allergy to PEG†) have a precaution to Janssen COVID-19 Vaccine.

Persons with a contraindication to Janssen COVID-19 Vaccine (including due to a known [diagnosed] allergy to polysorbate*) have a precaution to mRNA COVID-19 vaccines.

People with a history of immediate allergic reaction to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction.

*When vaccine recipients report a history of an an immediate allergic reaction, providers should attempt to determine whether reactions reported following vaccination are consistent with immediate allergic reactions versus other types of reactions commonly observed following vaccination, such as vasovagal reaction or postvaccination side effects (which are not contraindications to receiving the second of an mRNA COVID-19 vaccine dose).

†Polyethylene glycol (PEG) is an ingredient in both mRNA COVID-19 vaccines, and polysorbate 80 is an ingredient in Janssen COVID-19 Vaccine. Because PEG and polysorbate are structurally related, cross-reactive hypersensitivity between these compounds may occur.

Prevaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals

COVID-19 Vaccine Components*

Description	Pfizer-BioNTech mRNA COVID-19 Vaccine	Moderna mRNA COVID-19 Vaccine	Janssen COVID-19 Vaccine
Active ingredients	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Viral Vector; Recombinant, replication-incompetent Ad26 vector, encoding a stabilized variant of the SARS-CoV-2 Spike (S) protein
Inactive ingredients	2[(polyethylene glycol {PEG})-2000]-N, N-ditetradecylacetamide	PEG2000-DMG: 1,2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol	Polysorbate-80
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine	2-hydroxypropyl-β-cyclodextrin (HBCD)
	Cholesterol	Cholesterol	Citric acid monohydrate
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102: heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate	Trisodium citrate dihydrate
	Sodium chloride	Tromethamine	Sodium chloride
	Monobasic potassium phosphate	Tromethamine hydrochloride	Ethanol
	Potassium chloride	Acetic acid	
	Dibasic sodium phosphate dihydrate	Sodium acetate	
	Sucrose	Sucrose	

*None of the vaccines contain eggs, gelatin, latex, or preservatives.

Potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following COVID-19 vaccination

In patients who experience post-vaccination symptoms, determining the etiology (including allergic reaction, vasovagal reaction, or vaccine side effects) is important to determine whether a person can receive additional doses of the vaccine (including the 2nd dose of an mRNA COVID-19 vaccine). The following table of signs and symptoms is meant to serve as a resource but may not be exhaustive, and patients may not have all signs or symptoms. Providers should use their clinical judgement when assessing patients to determine the diagnosis and appropriate management.

Characteristic	Immediate allergic reactions (including anaphylaxis)	Vasovagal reactions	Vaccine side effects (local and systemic)
Timing after vaccination	Most occur within 15-30 minutes of vaccination	Most occur within 15 minutes	Median of 1 to 3 days after vaccination (with most occurring the day after vaccination)
SIGNS AND SYMPTOMS			
Characteristic	**Immediate allergic reactions (including anaphylaxis)**	**Vasovagal reactions**	**Vaccine side effects (local and systemic)**
Constitutional	Feeling of impending doom	Feeling warm or cold	Fever, chills, fatigue
Cutaneous	Skin symptoms present in ~90% of people with anaphylaxis, including pruritus, urticaria, flushing, angioedema	Pallor, diaphoresis, clammy skin, sensation of facial warmth	Pain, erythema or swelling at injection site, lymphadenopathy in same arm as vaccination
Neurologic	Confusion, disorientation, dizziness, lightheadedness, weakness, loss of consciousness	Dizziness, lightheadedness, syncope (often after prodromal symptoms for a few seconds or minutes), weakness, changes in vision (such as spots of flickering lights, tunnel vision), changes in hearing	Headache

Characteristic	Immediate allergic reactions (including anaphylaxis)	Vasovagal reactions	Vaccine side effects (local and systemic)
Respiratory	Shortness of breath, wheezing, bronchospasm, stridor, hypoxia	Variable; if accompanied by anxiety, may have an elevated respiratory rate	N/A
Cardiovascular	Hypotension, tachycardia	Variable; may have hypotension or bradycardia during syncopal event	N/A
Gastrointestinal	Nausea, vomiting, abdominal cramps, diarrhea	Nausea, vomiting	Vomiting or diarrhea may occur
Musculoskeletal	N/A	N/A	Myalgia, arthralgia

VACCINE RECOMMENDATIONS

Characteristic	Immediate allergic reactions (including anaphylaxis)	Vasovagal reactions	Vaccine side effects (local and systemic)
If vaccinated with mRNA COVID-19 vaccine as first dose, recommended to receive second mRNA vaccine dose?	No	Yes	Yes

Healthcare providers or health departments in the United States can request a consultation from the Clinical Immunization Safety Assessment COVIDvax project (https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html) for a complex COVID-19 vaccine safety question not readily addressed by CDC guidance about an individual patient residing in the United States.

Healthcare professionals should be familiar with identifying immediate-type allergic reactions, including anaphylaxis, and be competent in treating these events at the time of vaccine administration. Appropriate medical treatment for severe allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of a COVID-19 vaccine. See Management of Anaphylaxis at COVID-19 Vaccination Sites | CDC for additional guidance. https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html

Syncope may occur in association with injectable vaccines, in particular among adolescents. Procedures should be in place to avoid falling injuries and manage syncopal reactions. All people are recommended to be observed following COVID-19 vaccination for at least 15 minutes. Patients should be seated or lying down during the observation period to decrease the risk for injury should they faint. If syncope develops, patients should be observed until symptoms resolve.

4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or another injectable medication?

A history of any immediate allergic reaction (within 4 hours) to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of COVID-19 vaccines) is a precaution to currently authorized COVID-19 vaccines. Vaccine may be given, but counsel patients about unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination. Deferral of vaccination and/or consultation with an allergist-immunologist should be considered. Considerations for vaccination include risk of exposure to SARS-CoV-2, risk of severe disease or death due to COVID-19, previous infection with COVID-19, unknown risk of anaphylaxis following COVID-19 vaccination, and ability of recipient to receive care immediately for anaphylaxis, if necessary. **These individuals should be observed for 30 minutes after vaccination.**

5. Clinical Considerations:

Response	Consideration
Female between 18 and 49 years of age	Women 18 through 49 years of age can receive any FDA-authorized COVID-19 vaccine. However, they should be informed of the rare but increased risk of thrombosis with thrombocytopenia syndrome (TTS) after receipt of the Janssen COVID-19 Vaccine www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine and the availability of other FDA- authorized COVID-19 vaccines. TTS is a rare syndrome that involves acute venous or arterial thrombosis and new onset thrombocytopenia in patients with no recent known exposure to heparin. Additional recipient education materials can be found at www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html.
Male between 12 and 29 years of age	Males 12 through 29 years of age can receive any FDA-authorized vaccine. However, people receiving an mRNA COVID-19 vaccine, especially males in this age group and their parents/legal representative (when relevant), should be informed of the risk of developing myocarditis (an inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart) after receipt of an mRNA vaccine. Cases of myocarditis or pericarditis have occurred predominantly in males aged 12–29 years within a few days after receiving the second dose of an mRNA COVID-19 vaccine. The risk of developing either myocarditis or pericarditis is low. Additional recipient education materials can be found at www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html.
History of myocarditis or pericarditis	***Myocarditis or pericarditis after receipt of the first dose of an mRNA COVID-19 vaccine series but before administration of the second dose*** Experts recommend that people who develop myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine defer receiving the second dose, until additional safety data are available. Administration of the second dose of an mRNA COVID-19 vaccine series can be considered in certain circumstances after the episode of myocarditis or pericarditis has completely resolved. Decisions about proceeding with the second dose should include a conversation between the patient, their parent/legal representative (when relevant), and their clinical team, which may include a cardiologist. Considerations for vaccination can be found at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#underlying-conditions. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment Project at www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html. ***History of myocarditis or pericarditis prior to COVID-19 vaccination*** People who have a history of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination may receive any FDA-authorized COVID-19 vaccine after the episode of myocarditis or pericarditis has completely resolved.
Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies	Allergic reactions, including severe allergic reactions, **NOT** related to vaccines, injectable therapies, or components of COVID-19 vaccines, are **NOT** contraindications or precautions to vaccination with currently authorized COVID-19 vaccines. However, individuals who have had severe allergic reactions to anything, regardless of cause, **should be observed for 30 minutes after vaccination.**

Response	Consideration
Had COVID-19 and was treated with monoclonal antibodies or convalescent serum	Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection. There is no recommended minimal interval between infection and vaccination. However, vaccination should be deferred for at least 90 days if a patient received monoclonal antibodies or convalescent serum as treatment for COVID-19. This is a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses.
Had multisystem inflammatory syndrome; either MIS-C (children) or MIS-A (adults)	It is unknown if people with a history of MIS-C or MIS-A are at risk for a dysregulated immune response to COVID-19 vaccination. People with a history of MIS-C or MIS-A may choose to be vaccinated. Considerations for vaccination may include: ■ Clinical recovery from MIS-C or MIS-A, including return to normal cardiac function ■ Personal risk of severe acute COVID-19 (e.g., age, underlying conditions) ■ Level of COVID-19 community transmission and personal risk of reinfection ■ Lack of safety data of COVID-19 vaccines following these illnesses ■ Timing of any immunomodulatory therapies (general best practice guidelines for immunization can be consulted for more information https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html) Because current evidence suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection, people with a history of MIS-C or MIS-A should consider delaying vaccination until they have recovered from their infection and for 90 days after the date of diagnosis of MIS-C or MIS-A. A conversation between the patient, their guardian(s), and their clinical team or a specialist may assist with COVID-19 vaccination decisions. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment Project at www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html.
Have a weakened immune system (HIV infection, cancer) **Take immunosuppressive drugs or therapies**	COVID-19 vaccines may be administered to persons with underlying medical conditions, such as HIV infection or other immunocompromising conditions, or who take immunosuppressive medications or therapies, who have no contraindications to vaccination. However, they should be counseled about the unknown vaccine safety profile and effectiveness in immunocompromised populations, as well as the potential for reduced immune responses and the need to continue to follow all current guidance to protect themselves against COVID-19. COVID-19 vaccines may be administered regardless of corticosteroid treatment, including topical or intraarticular treatment. Revaccination is not recommended after immune competence is regained.
Have a bleeding disorder **Take a blood thinner**	As with all vaccines, any COVID-19 vaccine product may be given to these patients, if a physician familiar with the patient's bleeding risk determines that the vaccine can be administered intramuscularly with reasonable safety. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: A fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes. People who regularly take aspirin or anticoagulants as part of their routine medications do not need to stop these medications prior to receipt of any COVID-19 vaccine.

Response	Consideration
History of heparin-induced thrombocytopenia (HIT)	Although the cause of thrombosis with thrombocytopenia syndrome (TTS) associated with the Janssen COVID-19 Vaccine is unclear, it appears to be similar to another rare immune-mediated syndrome, heparin-induced thrombocytopenia (HIT). Until more information becomes available, experts advise that persons with a history of an episode of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as HIT, should be offered another COVID-19 vaccine (i.e., mRNA vaccine) if it has been 90 days or less since their illness resolved. After 90 days, patients may be vaccinated with any FDA-authorized COVID-19 vaccine. Experts believe that that following factors do not make people more susceptible to TTS after receipt of the Janssen COVID-19 vaccine. People with these conditions can be vaccinated with any FDA-authorized COVID-19 vaccine, including the Janssen COVID-19 vaccine: ■ A prior history of venous thromboembolism ■ Risk factors for venous thromboembolism (e.g., inherited or acquired thrombophilia including Factor V Leiden; prothrombin gene 20210A mutation; antiphospholipid syndrome; protein C, protein S or antithrombin deficiency ■ A prior history of other types of thromboses not associated with thrombocytopenia ■ Pregnancy, post-partum, or receipt of hormonal contraceptives (e.g., combined oral contraceptives, patch, ring) Additional recipient education materials can be found at www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html.
Currently pregnant or breastfeeding	Pregnant or lactating people are eligible for and can receive any currently authorized COVID-19 vaccine. Based on current knowledge, experts believe that COVID-19 vaccines are unlikely to pose a risk to the pregnant person or fetus. The FDA-authorized COVID-19 vaccines cannot cause infection in either the mother or the fetus. However, the potential risks of COVID-19 vaccines for this population are unknown because the vaccines have not been studied in pregnant people. When making a decision, pregnant people and their healthcare providers should consider the level of COVID-19 community transmission, the patient's personal risk of contracting COVID-19, the increased risks of severe COVID-19 to the patient and potential risks to the fetus, the known and potential benefits of vaccination, the efficacy of the vaccine, the side effects of the vaccine, and the limited but growing data about the safety of the vaccine during pregnancy. Pregnant, lactating, and post-partum people 18 through 49 years of age should be aware of the rare risk of TTS after receipt of the Janssen COVID-19 Vaccine and the availability of other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines).
Have dermal fillers	FDA-authorized COVID-19 vaccines can be administered to people who have received injectable dermal fillers who have no contraindications or precautions for vaccination. Infrequently, these people might experience temporary swelling at or near the site of filler injection (usually the face or lips) following administration of a dose of an COVID-19 vaccine. These persons should be advised to contact their healthcare provider if swelling develops at or near the site of dermal filler following vaccination.

Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?	☐	☐	☐
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6. If your child is a baby, have you ever been told he or she has had intussusception?	☐	☐	☐
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	☐
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
9. Does the child have a parent, brother, or sister with an immune system problem?	☐	☐	☐
10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	☐	☐	☐
11. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
13. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? **yes** ☐ **no** ☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

immunization action coalition
IAC
immunize.org

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (10/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in **Notes** below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

1. Is the child sick today? *[all vaccines]*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. With the exception of ccIIV and RIV (which do not contain egg antigen), people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office; vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. Has the child had a serious reaction to a vaccine in the past? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? *[MMR, MMRV, LAIV, VAR]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Children with CSF leak, anatomic or functional asplenia, or cochlear implant, or on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? *[Rotavirus]*

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, IIV, LAIV, MMRV]*

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap;

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

2) Influenza vaccine (IIV, LAIV, or RIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, MMRV, RV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, VAR, RV, LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/µL. VAR should be administered (if indicated) to persons with isolated humoral immunodeficiency. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in **Notes** above).

9. Does the child have a parent, brother, or sister with an immune system problem? *[MMR, MMRV, VAR]*

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in **Notes** above). LAIV, when recommended, can be given only to healthy nonpregnant people ages 2 through 49 years.

11. In the past year, has the child received a transfusion of blood/blood products, or been given immune (gamma) globulin or an antiviral drug? *[MMR, MMRV, LAIV, VAR]*

Certain live virus vaccines (e.g., MMR, MMRV, LAIV, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations (referenced in **Notes** above) for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? *[LAIV, MMR, MMRV, VAR, yellow fever]*

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV - cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = MMR+VAR vaccine
RIV = Recombinant influenza vaccine
RV = Rotavirus vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☐	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	☐	☐	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
6. Do you have a parent, brother, or sister with an immune system problem?	☐	☐	☐
7. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☐	☐
8. Have you had a seizure or a brain or other nervous system problem?	☐	☐	☐
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
10. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
11. Have you received any vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? **yes** ☐ **no** ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

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www.immunize.org/catg.d/p4065.pdf · Item #P4065 (10/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in **Notes** below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

1. Are you sick today? *[all vaccines]*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

People with egg allergy of any severity can receive any IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. With the exception of ccIIV and RIV (which do not contain egg antigen), people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office; vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. Have you ever had a serious reaction after receiving a vaccination? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? *[MMR, VAR, LAIV]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. Underlying health conditions of the heart, lung, kidney, or metabolic disease (e..g., diabetes) and asthma are considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, VAR]*

Live virus vaccines (e.g., LAIV, MMR, VAR) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine may be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/µL. Immuno-suppressed people should not receive LAIV.

6. Do you have a parent, brother, or sister with an immune system problem? *[MMR, VAR]*

MMR or VAR vaccines should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

7. In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? *[LAIV, MMR, VAR]*

Live virus vaccines (e.g., LAIV, MMR, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above.

8. Have you had a seizure or a brain or other nervous system problem? *[influenza, Td/Tdap]*

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-toxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *[MMR, LAIV, VAR]*

Certain live virus vaccines (e.g., MMR, LAIV, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in **Notes** above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? *[HPV, IPV, MenB, MMR, LAIV, VAR]*

Live virus vaccines (e.g., MMR, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

11. Have you received any vaccinations in the past 4 weeks? *[LAIV, MMR, VAR, yellow fever]*

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV = Cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

Protective Measures for Vaccinating During the Pandemic

During the COVID-19 pandemic, vaccination is especially critical to reduce the burden of serious and preventable communicable diseases in our communities. These protective measures will help prevent the spread of COVID-19 when providing vaccination services.

Minimize Chances for Patient Exposure

Share information with patients.
Communicate with your patients in advance about measures that have been put in place to ensure their safety.

Screen for COVID-19.
Screen patients for COVID-19 risk (e.g., possible exposure, pending test results, underlying medical conditions) and COVID-19 symptoms before and at the visit. Promptly isolate anyone exhibiting symptoms.

Separate well and sick patients.
Plan vaccination services for well patients at different times and in different areas from the times and areas in which you provide sick patient care.

Control Patient Flow.
Limit and monitor facility points of entry, control direction of patient flow, and install barriers to limit physical contact between staff and patients at triage. Limit entry of non-essential visitors.

Maintain distance.
Ensure physical distancing of at least 6 feet between patients and staff where feasible, except during vaccination.

Consider all needed vaccines.
When possible, screen for and provide all vaccines due or overdue at the visit. If feasible, assess vaccine needs prior to the patient's arrival to reduce in-person visit time.

Post signage.
Prominently display reminders about face coverings (masks), physical distancing, and hygiene in patient areas.

Require masks.
Require appropriate face covering for people age 2 years and older, if tolerated.

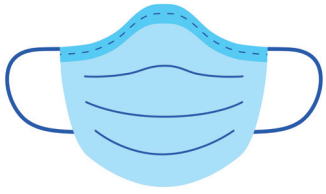
Ensure proper hygiene.
Ensure respiratory hygiene, cough etiquette, and hand hygiene. Make hygiene supplies accessible, including hand sanitizer or soap and water, tissues, and waste receptacles.

Disinfect surfaces.
Frequently decontaminate high touch surfaces in both patient and staff areas.

Ensure All Staff Follow Infection Control Guidance

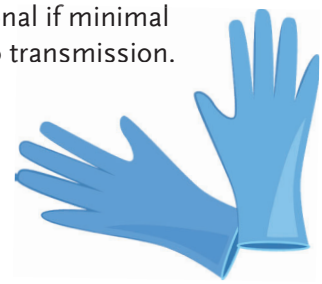
Adhere to standard infection control precautions.
Follow standard infection control precautions, including washing hands and/or using hand sanitizer and thoroughly cleaning the vaccination area between patients.

Wear PPE.
Use appropriate personal protective equipment.



Face mask: Recommended for all healthcare providers (N95 masks not required for vaccination services).

Eye protection: Recommended in areas of moderate/substantial community COVID-19 transmission; optional if minimal or no transmission.



Gloves: Recommended for intranasal or oral vaccines (FluMist or rotavirus); optional for intramuscular or subcutaneous injections. Change gloves and practice hand hygiene between patients.

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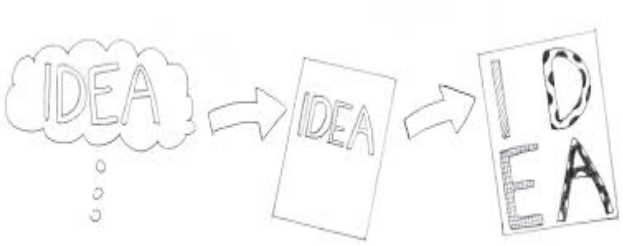
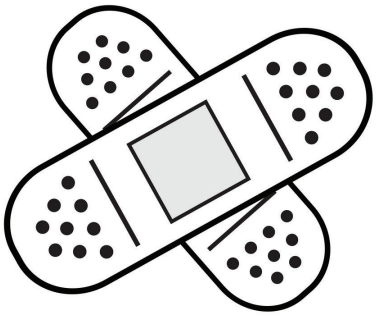
www.immunize.org/catg.d/p2009.pdf ▪ Item #P2009 (9/20)

NOTES





WhyImmunize.org

RESOURCES

The Arizona Partnership for Immunization (TAPI)

Phone - 602.288.7568
Website - WhyImmunize.org | Twitter - WhyImmunize

ARIZONA DEPARTMENT OF HEALTH SERVICES

ADHS - Website AZDHS.gov

Emergency Preparedness - 602.364.3289 | Immunization Branch - 602.364.3630

Maricopa County Public Health
WeArePublicHealth.org

Maricopa County - Website MaricopaCounty.gov

Emergency Preparedness - 602.273.1411 | Immunization Branch - 602.506.6767

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

CDC - Website CDC.gov

CDC-Info | 800.232.4636 | Cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html

Mesa Fire Department

mesaaz.gov/residents/fire-medical/immunizations | General # 480.644.2101

PHOENIX FIRE DEPT.

Phoenix Fire Department

phoenix.gov/fire | General # 602.495.5555