

NYS COVID-19 Vaccine Screening Questions

Your facility will be receiving the COVID-19 vaccination from Ellis Medicine. In an effort to expedite the process and ensure the process is completed safely and per New York State guidelines, we recommend that employees review these screening questions before arriving to receive the vaccine.

1. **Are you feeling sick today?** If yes, do not receive vaccination and reschedule.
2. **In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure? Are you on quarantine because of travel requirements?**
If yes, continue to quarantine and vaccination will occur after quarantine or isolation ends. If patient was diagnosed with COVID-19 greater than 10 days ago and has been asymptomatic for 24 hours or more, you may be vaccinated. If the patient has had a test in the last 10 days, ask the result. If positive you will not receive the vaccine. If negative, then you can proceed to vaccination. If the result is unsure or unknown advise the patient to return once a negative test has been confirmed or 10 days have passed since a positive test.
3. **Have you been treated with antibody therapy for COVID-19 in the past 90 days (3 months)? If yes, when did you receive the last dose?**
If yes, reschedule at least 90 days after last dose of antibody therapy.
4. **Have you ever had a serious or life threatening allergic reaction, such as hives or difficulty breathing, to any vaccine or shot?**
If yes, refer to the vaccination site healthcare provider for assessment of reaction.
5. **Have you had any vaccines in the past 14 days (2 weeks) including flu shot?**
If yes, reschedule at least 14 days after the most recent vaccine.
6. **Are you pregnant or considering becoming pregnant?**
If yes as the patient to consider having a discussion with their provider or healthcare provider at the site on the risks and benefits of COVID 19 vaccine during pregnancy, you may choose to be vaccinated.
7. **Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other conditions that weakens the immune system?**
If yes, refer to the vaccination site healthcare provider to discuss what is known and not yet known about COVID 19 vaccine for the immunocompromised. The patient may have a less strong immune response to the vaccine but still get vaccinated. They should continue to follow current guidance to protect themselves against COVID-19.

- 8. Do you take any medications that affect your immune system, such as cortisone, prednisone, or other steroids, anticancer drugs, or have you had any radiation treatments recently?**

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