Confirmation Form for mRNA Vaccines  
Pfizer-BioNTech and Moderna

Before making an appointment, please screen for the following conditions to ensure this vaccine is right for you

A. Do not get this vaccine and speak with an allergist or your health care provider if you:
☐ have allergies to polyethylene glycol (PEG) or any vaccine ingredients
☐ have allergies to thromethamin (only in Moderna vaccine)
☐ have had a severe allergic reaction to a previous COVID-19 vaccine injection
☐ have had a reaction to another vaccine or to a medication, given by injection

B. Consult your health care provider, before making an appointment, if you:
☐ are pregnant, could be pregnant or breastfeeding
☐ have an autoimmune disorder
☐ have an illness that causes a weakened immune system
☐ are taking medication that can lower the immune system (e.g., chemotherapy or high-doses of steroids)

I have one of the above conditions:
☐ I am confirming that I had a conversation with my health care provider about the risks and benefits of receiving the COVID-19 vaccine, given my current condition.
☐ My health care provider said it is safe to get this vaccine, and has advised me to stay at the clinic for 30 minutes to monitor for reactions.
☐ My health care provider said I should not receive the vaccine.

Do not book an appointment if you have symptoms of COVID-19
• If you have a fever or COVID-19 Symptoms, please complete a COVID-19 self-assessment or contact your health care provider to see if you should get tested for COVID-19.
• Do not get this vaccine if you have received another vaccine in the past 14 days.