Covid BOOSTER – Pre-screening checks

YES NO

Did you experience an itchy skin rash after any of your Covid Vaccines?

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YES NO

Have you had any other vaccine in the last 7 days?

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YES NO

Do you feel unwell / have symptoms of Covid including fever?

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YES NO

Have you had a serious allergic reaction/anaphylaxis to any

Drug / vaccine / unknown cause?

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YES NO

Have you ever had a blood clot associated with low platelets after any vaccine?

OR after any heparin blood thinning injection?

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YES NO

Have you ever had sudden swelling of the body with low blood pressure

AND needed intensive care for this? (condition called capillary leak syndrome)

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YES NO

Are you on warfarin blood thinning tablets or have a bleeding disorder?

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YES NO

Have you been part of a research trial where you were injected with

a potential VACCINE?

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YES NO

Could you be pregnant?

**CIRCLE IF ANY APPLY – I AM: A CARER – HEALTH/SOCIAL CARE WORKER – LIVE/WORK IN A CARE HOME**