

# 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
<b>1.</b> Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b> Have you ever received a dose of COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, which vaccine product did you receive?                              <input type="checkbox"/> Pfizer-BioNTech    <input type="checkbox"/> Moderna    <input type="checkbox"/> Janssen (Johnson &amp; Johnson)    <input type="checkbox"/> Another Product _____                         </li> <li>Have you received a complete COVID-19 vaccine series (i.e., 1 dose Janssen or 2 doses of an mRNA vaccine [Pfizer-BioNTech, Moderna])?</li> <li>Did you bring your vaccination record card or other documentation?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b> Have you ever had an allergic reaction to:			
<i>(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.)</i>			
<ul style="list-style-type: none"> <li>A component of a COVID-19 vaccine, including either of the following:                             <ul style="list-style-type: none"> <li>Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures</li> <li>Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids</li> </ul> </li> <li>A previous dose of COVID-19 vaccine</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b> Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(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.)</i>			
<b>5.</b> Check all that apply to you:			
<input type="checkbox"/> Am a female between ages 18 and 49 years old			
<input type="checkbox"/> Am a male between ages 12 and 29 years old			
<input type="checkbox"/> Have a history of myocarditis or pericarditis			
<input type="checkbox"/> Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies			
<input type="checkbox"/> Had COVID-19 and was treated with monoclonal antibodies or convalescent serum			
<input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection			
<input type="checkbox"/> Have a bleeding disorder			
<input type="checkbox"/> Take a blood thinner			
<input type="checkbox"/> Have a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies			
<input type="checkbox"/> Have a history of heparin-induced thrombocytopenia (HIT)			
<input type="checkbox"/> Am currently pregnant or breastfeeding			
<input type="checkbox"/> Have received dermal fillers			
<input type="checkbox"/> History of Guillain-Barré Syndrome (GBS)			

Form reviewed by \_\_\_\_\_

Date \_\_\_\_\_



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# HAWAII IMMUNIZATION REGISTRY INFORMATION

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## INFORMATION CONTAINED IN THE REGISTRY

- Immunization information including but not limited to vaccine type, date of vaccine administration, vaccine administration site and route, lot number, expiration date, patient's history of vaccine preventable diseases, contraindications, precautions, adverse reactions, and/or comments regarding vaccinations.
- Personal information including but not limited to an individual's first, middle, and last name, date of birth, gender, mailing address, phone number, parent/guardian name, parent/guardian relationship to the individual, their contact information, and mother's maiden name.

## CONFIDENTIALITY AND PRIVACY INFORMATION

All authorized users and the Department of Health Immunization Branch acknowledge that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (PL 104-191 and 45 CFR Parts 160 and 164, "Standards for Privacy of Individually Identifiable Health Information") governs the use and disclosure of individually identifiable information by entities subject to the Privacy Rule. Although HIPAA standards for privacy were used as a guide to assist in the development of the Registry Confidentiality and Privacy policies, the Registry and the Department of Health Immunization Branch are not "covered entities" under HIPAA. Providers, health plans and other covered entities who are authorized users must comply with the HIPAA Privacy Rule.

Registry information will be entered by and available to authorized users for authorized purposes only. All authorized users will be required to safeguard the privacy of patient participants by protecting confidential information in the Registry in accordance with the Hawaii Immunization Registry Confidentiality and Privacy Policy, the Hawaii Immunization Registry Security Policy, as well as all applicable State and Federal Laws.

## AUTHORIZED USERS

Authorized users of the Registry may include individuals and/or entities that require regular access to patient immunization and other individually identifiable health information to provide immunization services to specific patients, maintain a computerized inventory of their public and private stock of vaccines, assess immunization status to determine immunization rates, and/or ensure compliance with mandatory immunization requirements. All authorized users are required to sign a Hawaii Immunization Registry Confidentiality and Security Statement indicating that they have received a copy of the Hawaii Immunization Registry Confidentiality and Privacy Policy and the Hawaii Immunization Registry Security Policy, understand the terms, including penalties for violation of the policies, and agree to comply with the policies.

The Department of Health Immunization Branch is responsible for oversight of the Registry and therefore will be designated as an authorized user.

## USES OF REGISTRY INFORMATION (AUTHORIZED PURPOSES)

Registry immunization data and other individually identifiable health information shall be utilized by authorized users for the purposes of:

- Consolidating, maintaining, and accessing computerized immunization records;
- Consolidating and maintaining vaccine inventory information;
- Determining the immunization history of individuals and delivering health care treatment accordingly;
- Generating notices for individuals who are due or overdue for immunizations and in the event of a vaccine recall;
- Staying abreast of the complex immunization schedule by utilizing registry-supplied immunization forecasting tools;
- Assessing the immunization rate of their patient population (or subsets thereof);
- Generating official immunization records (e.g. Student's Health Record);
- Ensuring compliance with mandatory immunization requirements;
- Recording the distribution of prophylactic and treatment medications administered or dispensed in preparation for and in response to a potentially catastrophic disease threat;
- Complying with Hawaii Vaccines For Children and other State-provided vaccine programs' vaccine ordering and accountability policies and procedures; and
- Other purposes determined at the discretion of the Department of Health Immunization Branch.

Registry immunization data and other individually identifiable health information shall be utilized by the Department of Health Immunization Branch for the following public health purposes including but not limited to:

- Ensuring compliance with mandatory immunization requirements;
- Performing Quality Improvement/Quality Assessment activities;
- Complying with Hawaii Vaccines For Children and other State-provided vaccine programs' vaccine ordering and accountability policies and procedures;
- Preventing and managing outbreaks of vaccine-preventable diseases and other public health emergencies;
- Producing immunization assessment reports to aid in the development of policies and strategies to improve public health;
- Managing and maintaining the Registry system; and
- Other purposes determined at the discretion of the Department of Health Immunization Branch.

## AVAILABILITY OF IMMUNIZATION RECORD INFORMATION

An individual's immunization data and other individually identifiable health information in the Registry will be made available to the individual's immunization provider, the Department of Health, and other Registry authorized users for authorized purposes only.

## OPT-OUT

Individuals may choose not to include their or their child's immunization data in the Registry ("opt-out"). Individuals must opt-out in writing by completing a "Hawaii Immunization Registry Opt-Out Form" which is available from the individual's immunization provider or the Department of Health Immunization Branch. The Registry will retain only core demographic information necessary to identify the individual has chosen to opt-out of the Registry. This information is necessary to enable the Registry to filter and refuse entry of immunization information for the individual. Core demographic data will be for Hawaii Department of Health use only and will be non-displaying to all other Registry authorized users. An individual's decision not to authorize the inclusion of immunization data in the Registry will not affect whether or not they receive immunizations.

## REVOCACTION

An individual may revoke their decision to opt-out of the Hawaii Immunization Registry at any time. Revocations must be made in writing by completing a "Hawaii Immunization Registry Reauthorization Form" obtained from the individual's immunization provider or the Department of Health Immunization Branch.

## RIGHT TO INSPECT, COPY, CORRECT OR AMEND PERSONAL AND IMMUNIZATION INFORMATION

Individuals may inspect, copy, correct or amend their or their child's immunization record information via their or their child's immunization provider. For information on how to inspect, copy, correct or amend your or your child's information, please speak with your doctor.

## QUESTIONS?

If you have any questions about the Registry, please speak with your doctor or visit our website at: <http://health.hawaii.gov/doccd/hawaii-immunization-registry/>.