

PRE-IMMUNIZATION QUESTIONNAIRE – DO NOT HESITATE TO ASK FOR MORE INFORMATION

1. How old are you? _____

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

Date of first dose: ____ Product : ____ / Date of second dose: ____ / Date of third dose : ____ / Date of fourth dose : ____

3. Have you ever tested positive for COVID-19? Date of last positive TAAN or TDAR test :

4. Have you had a significant change in your health recently or since your last dose of vaccine?

In case of acute, severe illness or symptoms of COVID-19, postpone vaccination.

5. Are you immunocompromised, on dialysis or taking immunosuppressive drugs?

5 years and older: 3 doses required regardless of COVID-19 infection ATCDs.

12 years and over: 2 booster doses.

6. Have you ever had a major reaction after receiving a vaccine or other product (other than a food allergy) that required a medical consultation?

7. Are you currently pregnant ?

Vaccination recommended for this type of clientele. Promote the use of an mRNA vaccine.

8. Have you received monoclonal antibodies against COVID-19 or plasma from convalescent users of the COVID-19 in the last 90 days?