CHEVRAH KADISHA
COVID-19 VACCINATION CENTRE
HEALTH BACKGROUND

(This information will be captured directly onto the government vaccination portal)

First name	
Surname	
ID number	

1. Are you sick today?
   ○ Yes ○ No

1.1. If Yes, please provide details:

_____

_____

_____

2. Have you received any vaccinations in the past 2 weeks?
   ○ Yes ○ No

2.1. If Yes, please indicate what vaccine:

_____

3. Have you received any other COVID-19 vaccine at any time?
   ○ Yes ○ No

3.1

If Yes, please provide the date of vaccination: YYYY-MM-DD			Where did you receive the vaccine? (e.g. which clinic?):

4. Have you been diagnosed with COVID-19 infection in the last 90 days?
   ○ Yes ○ No

4.1 If Yes, what date did you test positive? YYYY-MM-DD

5. Do you have a history of an anaphylactic reaction to anything other than a vaccine or injectable medication?
   ○ Yes ○ No

5.1. If Yes, please describe:

_____

_____

_____

6. Have you ever had an anaphylactic reaction: Trouble breathing?
   ○ Yes ○ No

7. Have you ever had an anaphylactic reaction: Broke out into hives?
   ○ Yes ○ No

8. Have you ever had an anaphylactic reaction: Facial or tongue swelling?
   ○ Yes ○ No

9. Have you ever had an anaphylactic reaction: Low blood pressure?
   ○ Yes ○ No

10. Have you ever had an anaphylactic reaction: Other severe symptoms after receiving another vaccination or injection (a shot given intravenously, intramuscularly, or subcutaneously)?
    ○ Yes ○ No

11. Do you have any chronic conditions?
    ○ Yes ○ No

11.1. If Yes, which chronic condition? Please specify:
- ☐ TB
- ☐ HIV
- ☐ Hypertension
- ☐ Diabetes
- ☐ Heart disease
- ☐ Chronic lung disease
- ☐ Cancer
- ☐ Other (specify in 11.1.1.)

11.1.1. If Other, please specify:

_____

12. Female vaccine recipient only: Do you suspect that you might be pregnant today?
    ○ Yes ○ No ○ Male – Not applicable

12.1 If Yes or unknown, please indicate when you had your last menstrual period. YYYY-MM-DD

Signed at Sandringham Gardens, on this _____ day of _____ 2021.

Signature: _____

First name and surname: _____

ChevrahKadisha
AT THE HEART OF COMMUNITY WELFARE