

**Additional Vaccine Administration Screening Questionnaire/Customer Information**  
**During COVID-19 Community Transmission**

To help protect customers and associates during any period of declared COVID-19 community transmission, we are asking that all customers complete the following additional screening questions prior to being evaluated for vaccination need and administration.

We require customers to wear a face mask (*at minimum a disposable, ear loop surgical mask*) during the entirety of the vaccination process during any period of declared COVID-19 community transmission. If you do not have an appropriate face mask, one will be provided to you at no charge. If you have any condition that prevents you from wearing a mask, please alert the pharmacist and discuss deferring the vaccine administration until a time when there is no community transmission of COVID-19.

<b>Please answer each of the following questions:</b>			
1)	Within the past 3 days, have you experienced fever or chills?	(circle)	<b>YES</b> <b>NO</b>
2)	Are you currently experiencing any of the following symptoms?  Cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.	(circle)	<b>YES</b> <b>NO</b>
3)	If you have recently experienced any of the above symptoms, have they improved over time?  <input type="checkbox"/> <b>YES, symptoms have improved</b>  <input type="checkbox"/> <b>NO, symptoms have stayed the same or have gotten worse</b>  <input type="checkbox"/> <b>N/A, have not experienced symptoms (skip to question 5)</b>		
4)	How many days has it been since your symptoms first began? _____		
5)	In the past 14 days, have you had close contact with any person with confirmed or suspected active COVID-19 infection?	(circle)	<b>YES</b> <b>NO</b>