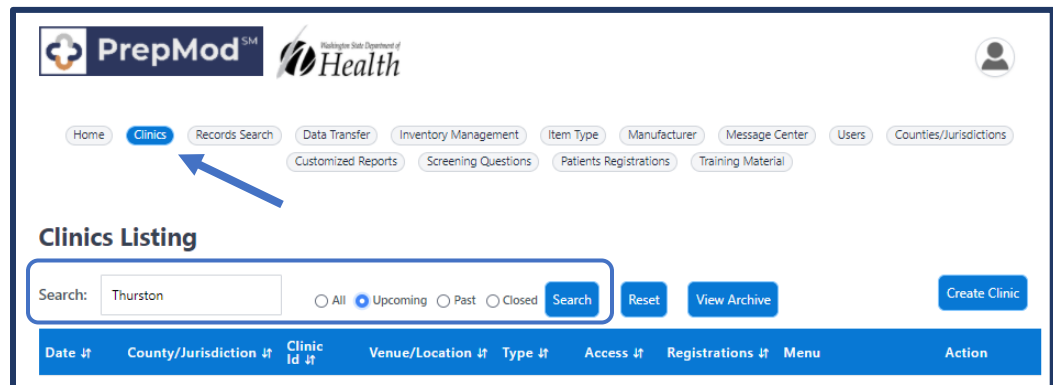


PrepMod: Washington State's Mass Vaccination System

How to Check a Patient's Health Questionnaire

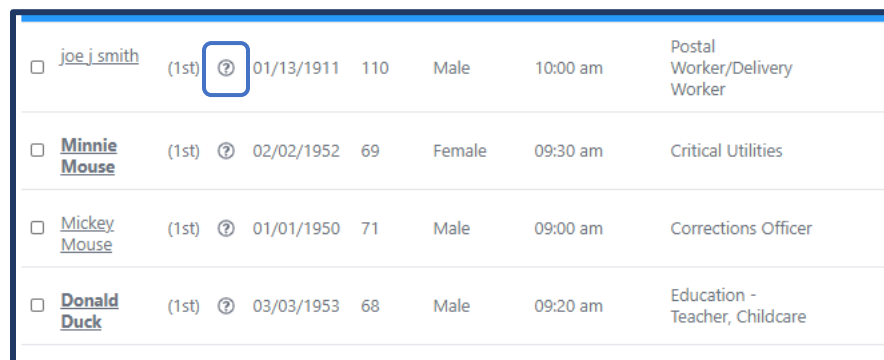
1. From the home page, click on the Clinics tab.
 - a. Search for your clinic listing in the search bar. If your clinic is today or in the future, then select Upcoming.



2. Select Registration list.



3. Click or hover on the question mark next to the patient's name.



- a. The health screening questionnaire will appear with answers if the patient completed it. No answers will appear if they haven't.

	Is this your first or second COVID-19 vaccination? 1st
	Do you have any of the following chronic health conditions? *
(1st) <input type="radio"/>	<ul style="list-style-type: none"> • Cancer • Chronic Kidney Disease • COPD (Chronic Obstructive pulmonary disease) • Heart conditions, such as heart • Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies • Immunocompromised state (weakened immune system) from solid organ transplant • Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²) • Severe Obesity (BMT >= 40 kg/m²) • Pregnancy • Sickle Cell disease • Smoking • Type 2 diabetes mellitus
	No
	Have you previously received a COVID-19 vaccine?
	No
	Have you had a severe allergic reaction (e.g., anaphylaxis) after receiving COVID-19 vaccine?
	No
	Have you had a severe allergic reaction (e.g. anaphylaxis) to another vaccine (not including Pfizer-BioNTec
	No
	Do you have a bleeding disorder or are you taking a blood thinner?
	No
	Are you immunocompromised (have a weakened immune system such as cancer, leukemia, HIV/AIDS, or any
	system)?
	No
	Do you have a fever?
	No
	Are you feeling sick?
	No
	Are you pregnant?
	No
	Could you become pregnant in the next several weeks?
	No
	Are you breastfeeding (nursing)?
	No



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