IDENTIFICATION

Health Services

Loyola Campus
7141 Sherbrooke St. W.
AD 131
514-848-2424 ext. 3575

SGW Campus
1550 de Maisonneuve W.
GM-200
514-848-2424 ext. 3565

Université Concordia University

Concordia Health Services Vaccine Questionnaire

	YES	NO
Do you have fever or any illness today?		
Do you have any medical issues? If yes, please specify:		
Could you be pregnant? If you know you are pregnant, please specify the number of weeks:		
Do you have any kidney problems?		
Do you have any blood clotting/bleeding problems?		
Do you have any medical condition(s) that affect(s) your immune system?		
Have you ever had a serious reaction after receiving a vaccine? If yes, to which vaccine and what was the reaction? Vaccine: Reaction:		
Please list ALL the medications which you are taking or have taken in the past 3 months (including over the counter medications). _____ _____ _____		
Do you have **ANY** allergies (e.g.: food, medication, latex, metal, etc.)? If yes, to what and what is the reaction? Allergy: Reaction:		
Have you received a vaccine in the last 4 weeks?		
Have you **RECEIVED** a blood transfusion or immunoglobulins in the last 11 months?		
Do you identify as transgender?		
Are you a man who has sex with men?		
Do you use any recreational drug(s)? If yes, please specify:		
What made you come to get vaccinated today? _____ _____		

_____
SIGNATURE (HEALTH CARE PROFESSIONAL)

____/____/____
YEAR MONTH DAY

Aug 2020

Date (YY/MM/DD)	No change	Changes	Signature