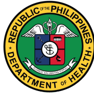

HEALTH ASSESSMENT ALGORITHM FOR SINOVAC

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program

ASSESS THE VACCINE RECIPIENT
Is the patient any of the following?

Outcome if NO	Assessment	Outcome if YES
VACCINATE	• Age below 18 and above 59 years old • With severe allergic reaction after the 1st dose of the vaccine	**DO NOT VACCINATE**
VACCINATE	With allergy to food, egg, medicine?	**SPECIAL PRECAUTION:** OBSERVE FOR 30 MINS
VACCINATE	Have history of bleeding disorders or currently taking anti-coagulants?	**SPECIAL PRECAUTION:** USE GAUGE 23-25. APPLY FIRM PRESSURE.
VACCINATE	Manifesting any of the following symptoms: • Fever/chills, headache, cough, colds, sore throat, myalgia, fatigue, weakness, loss of smell/taste, diarrhea, shortness of breath/difficulty in breathing	**DEFER:** REFER TO MD. RESCHEDULE AFTER FULL RECOVERY.
VACCINATE	Have history of exposure to confirmed or suspected COVID-19 case in the past 2 weeks?	**DEFER:** RESCHEDULE AFTER QUARANTINE COMPLETION
VACCINATE	Have been previously treated for COVID-19 in the past 90 days?	**DEFER:** RESCHEDULE AFTER 90 DAYS
VACCINATE	Have received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days?	**DEFER:** RESCHEDULE AFTER 90 DAYS
VACCINATE	Pregnant?	**DEFER:** RESCHEDULE IF IN FIRST TRIMESTER
VACCINATE	Has been vaccinated in the past 28 days and plan to receive another vaccine 28 days following vaccination?	**DEFER:** RESCHEDULE
VACCINATE	• With autoimmune disease? • Diagnosed with HIV? • Diagnosed with Cancer/Malignancy? • Underwent transplant? • Under steroid treatment or medication? • Bed ridden, terminal illness, less than 6 months prognosis	**GET CLEARANCE FROM ATTENDING PHYSICIAN**

HEALTH DECLARATION SCREENING FORM FOR SINOVAC

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program

ASSESS THE PATIENT	YES	NO
Aged 18-59 years old?	❑	❑
Has severe allergic reaction after the 1st dose of the vaccine?	❑	❑
Has allergy to food, egg, medicines and no asthma?	❑	❑
➢ If with allergy or asthma , will the vaccinator able to monitor the patient for 30 minutes?	❑	❑
Has history of bleeding disorders or currently taking anti-coagulants?	❑	❑
➢ If with bleeding history, is a gauge 23 - 25 syringe available for injection?	❑	❑
Does manifest any of the following symptoms: ❑ Fever/chills ❑ Headache ❑ Cough ❑ Colds ❑ Sore throat ❑ Myalgia ❑ Fatigue ❑ Fatigue ❑ Weakness ❑ Loss of smell/taste ❑ Diarrhea ❑ Shortness of breath/difficulty in breathing	❑	❑
Has history of exposure to a confirmed or suspected COVID-19 case in the past 2 weeks?	❑	❑
Has been previously treated for COVID-19 in the past 90 days?	❑	❑
Has received any vaccine in the past 28 days and does not plan to receive another vaccine 28 days following vaccination?	❑	❑
Has received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days?	❑	❑
Not Pregnant?	❑	❑
➢ If pregnant, 2nd or 3rd Trimester?	❑	❑
Does have any of the following diseases or health condition? ❑ HIV ❑ Cancer/ Malignancy ❑ Underwent Transplant ❑ Under Steroid Medication/ Treatment ❑ Bed ridden, terminal illness, less than 6 months prognosis	❑	❑
If with the abovementioned condition, has presented medical clearance **prior** to vaccination day?	❑	❑

VACCINATE

Recipient's Name:	
Birthdate:	**Sex:**
Signature of Health Worker:	