Cheatography

# VAERS Checklist of Information Needed Cheat Sheet

by [deleted] via cheatography.com/2754/cs/14368/

## Introduction

The Vaccine Adverse Event Reporting System (VAERS) accepts all reports, including reports of vaccination errors. Guidance on reporting vaccination errors is available if you have additional questions.
The following is a list of the information that will be needed to complete the Online Submission form.

Source: https://vaers.hhs.gov/docs/VAERS%202.0_Checklist.pdf
Online Reporting: https://vaers.hhs.gov/esub/index.jsp

## Patient Info Who Received Vaccine

O Name, address, phone number and email address
O Date of birth
O Sex (male or female)
O Date and time of vaccination
O Date and time the adverse event (health problem) started
O Age at vaccination
O Whether the patient was pregnant at the time of vaccination and the due date
O Prescriptions, over-the-counter medications, dietary supplements and herbal remedies being taken
O Allergies to medications, food, or other products
O Other illness es at the time of vaccination ( and up to one month prior)
O Chronic or long- standing health conditions

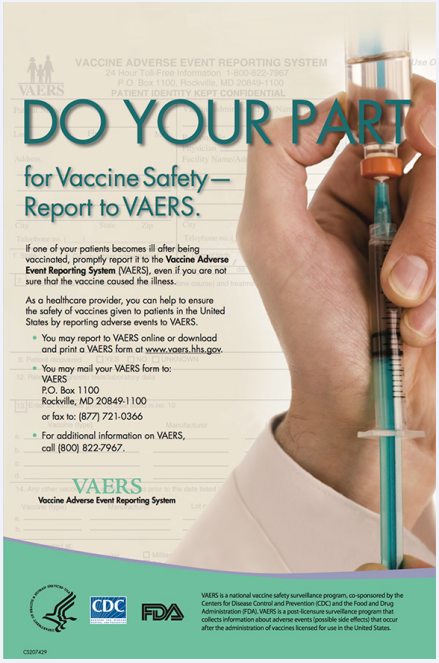
## Person Completing the VAERS Form

O Name, address, phone number and email address
O Relation to the patient (for example: healthcare professional, parent, caregiver, etc.)

## Healthcare Professional Information

O Name and phone number for the best doctor or healthcare profes-sional to contact to get more information about the patient and the adverse event Information about the facility (or place) where the vaccine was given
O Facility/clinic name, fax number, address and phone number
O Facility type (for example: doctor's office or hospital, pharmacy or drug store, workplace clinic, etc.)

## VAERS




## Vaccines Given and What Happened

O Vaccine type and brand name, manufacturer , and lot number
O How the vaccine was given (route of administration, body site where given, and dose number if the vaccine was part of a series)
O Description of the adverse event, including medical treatment and diagnosis
O Results of medical tests and lab oratory tests
O Outcome of the adverse event (for example: doctor office visit, emergency room visit, hospitalization, etc.)
O Whether the patient has recovered from the adverse event

## Additional Information

O Any other vaccines received by the patient within a month prior to the current vaccine(s)
(include vaccine type and brand name, manufacturer , lot number, and how the vaccine was given)
O Adverse event (s) after previous vaccinations
O Patient's race and ethnicity

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