

## **Checklist of information to complete the VAERS form**

(VAERS will still accept a report even if you cannot provide all this information)

### Information about the **PATIENT** who received the vaccine

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

### Information about the person completing or submitting the VAERS form

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

### Information about the healthcare professional

- Name and phone number for the best doctor or healthcare professional to contact to get more information about the patient and the adverse event

### Information about the facility (or place) where the vaccine was given

- Facility/clinic name, fax number, address and phone number
- Facility type (for example: doctor's office or hospital, pharmacy or drug store, workplace clinic, etc.)

### Information about which vaccines were given and what happened to the patient

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

### Additional information

- 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)
- Adverse event(s) after previous vaccinations
- Patient's race and ethnicity