

Vaccine Adverse Event Reporting System (VAERS)

- National program managed by the U.S. Centers for Disease Control and Prevention (CDC) and U.S. Food and Drug Administration (FDA)
- Goal is to monitor safety of all vaccines licensed in the U.S.
- Patients and healthcare providers can report any serious adverse events after vaccine administration
- Serious adverse events are defined as life-threatening illness, hospitalization, prolongation of an existing hospitalization, permanent disability, or death
- For more information, visit www.vaers.hhs.gov or contact info@vaers.org

V-Safe After Vaccination Health Checker

- V-safe is a smartphone-based tool that tracks vaccine-related side effects for the first week after COVID-19 vaccine administration.
- Examples of side-effects monitored through v-safe include fever, pain, redness, swelling, and headache.
- Individuals can sign up for v-safe using a smartphone browser at <https://vsafe.cdc.gov/>.
- For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>.
- Call 800-CDC-INFO (800-232-4636) for help with v-safe

V-Safe After Vaccination Health Checker – Sample Screen Shots

Let's start today's health check-in.

How are you feeling today? *

Good Fair Poor

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Your information in v-safe is protected by administrative, technical, and physical measures that safeguard the confidentiality, integrity, and privacy of personal information. To the extent v-safe uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the level of sensitivity of the data. [Learn more about v-safe.](#)


Fever Check

Have you had a fever or felt feverish today? *

Yes No

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Symptom Check

Have you had any of these symptoms where you got the shot (injection site)? *

Select all that apply.

Pain
 Redness
 Swelling
 Itching
 None

Have you experienced any of these symptoms today? *

Select all that apply.

Chills
 Headache
 Joint pains
 Muscle or body aches
 Fatigue or tiredness
 Nausea
 Vomiting
 Diarrhea
 Abdominal pain
 Rash, not including the immediate area around the injection site
 None

Any other symptoms or health conditions you want to report

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Health Impact

Did any of the symptoms or health conditions you reported today cause you to: *

Select all that apply.

Be unable to work
 Be unable to do your normal daily activities
 Get care from a doctor or other healthcare professional
 None of the above

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