Know Plan Go

[Insert your name here]

COVID-19 Preparedness Plan

Fill out this form before you get sick. That way, as soon as you feel symptoms, such as a cough, fever, fatigue, or difficulty breathing, you'll have the information a healthcare professional needs to determine whether a COVID-19 oral treatment may be right for you.

Snapshot of my health*:

Check all that apply to you in the list below. In addition to certain medical conditions, being unvaccinated or not being up to date on COVID-19 vaccinations also increases the risk of severe COVID-19 outcomes. Some people are also at risk of getting very sick or dying from COVID-19 because of where they live or work, or because they can't get healthcare. This includes many people from racial and ethnic minority groups and people with disabilities.

- ☐ Age 50 years or older
- ☐ Cancer
- ☐ Chronic kidney disease
- ☐ Chronic liver disease
- ☐ Chronic lung diseases
- ☐ Cystic fibrosis
- ☐ Dementia or other neurological conditions
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Disabilities
- ☐ Heart conditions
- ☐ HIV infection
- ☐ Immunocompromised condition or weakened immune system
- ☐ Mental health conditions
- ☐ Obesity or being overweight
- ☐ Physical inactivity
- ☐ Pregnancy or recent pregnancy
- ☐ Sickle cell disease or thalassemia
- ☐ Smoking, current or former
- ☐ Solid organ or blood stem cell transplant
- ☐ Stroke or cerebrovascular disease
- ☐ Substance use disorders
- ☐ Tuberculosis

*This list does not include all possible conditions that may put you at high risk of severe illness from COVID-19. If you have questions about a condition not included on this list, talk to your healthcare professional. Visit the **CDC website** for the latest information and the full list of high-risk factors.†

My medications

Keep a list of the **medicines you take** on the lines below, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

_____

_____

Do you have kidney disease? Yes/No
(In case you are asked, you can note your latest eGFR here: _____)

eGFR=estimated glomerular filtration rate.

Do you have liver disease? Yes/No

Do you have any allergies to medications? Yes/No
(If so, please list here: _____

_____)

What to do if you suspect COVID-19

Keep this information somewhere you can reference easily in case you experience COVID-19 symptoms or test positive. That way, a healthcare professional, such as a telemedicine or urgent care provider, or your current primary care doctor or specialist, can use this information to determine whether a prescription oral treatment is right for you. Please note that they may need additional background information, such as your age and weight, to make this determination.

Prescription oral treatments that can be taken from home must be started within the first 5 days of symptoms, so it's important to act fast at the first signs of COVID-19.

†This link will take you to a website that is owned and operated by the CDC. Pfizer is not responsible for the content or services of this site.

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