What to Expect after Getting a COVID-19 Vaccine

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may feel like flu and may even affect your ability to do daily activities, but they should go away in a few days.

**Common side effects**

**On the arm where you got the shot:**
- Pain
- Swelling

**Throughout the rest of your body:**
- Fever
- Chills
- Tiredness
- Headache

**Helpful tips**

If you have pain or discomfort, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

**To reduce pain and discomfort where you got the shot:**
- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

**To reduce discomfort from fever:**
- Drink plenty of fluids.
- Dress lightly.

**When to call the doctor**

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

**Remember**

- Side effects may feel like flu and even affect your ability to do daily activities, but they should go away in a few days.
- With most COVID-19 vaccines, you will need 2 shots in order for them to work. Get the second shot even if you have side effects after the first one, unless a vaccination provider or your doctor tells you not to get a second shot.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until a week or two after your second shot.
- It’s important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.

**HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:**

If your temperature is ___ °F or ___ °C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about: any symptoms NOT listed above or lasting more than 72 hours

**Healthcare provider phone number:** CONTACT YOUR PCP

**Medication (if needed):**
Take ______________ every ____ hours as needed.
(type and dose or amount)