

## COVID vaccine screening questions:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / day / yr

		NO	YES	If YES
1	Is your child sick today?			Reschedule
2	Has your child had COVID-19? If so, when? _____			Counseling, > 14 Days
	Was your child treated with monoclonal antibodies or convalescent serum?			Counseling, > 90 Days
3	Has your child ever received a dose of the COVID-19 vaccine?			Check Interval
	If yes which vaccine? _____ Date: _____			
4	Has your child ever had a severe allergic reaction to anything (vaccine, medication, food, insect bite, etc)?			30 min observation
	If yes, please explain: _____			
5	Is your child immunocompromised or taking any medications that affect the immune system?			Counseling
6	Does your child have a history of myocarditis or pericarditis?			Counseling, > 90 Days
7	Has your child been diagnosed with multi system inflammatory syndrome (MIS-C or MIS -A) after COVID-19 infection?			Counseling, > 90 Days

### Please read the following and sign below:

- I am the parent or legal guardian and have the legal authority to consent to the administration of vaccines to this minor patient who is 5-11 years old. I consent to my child receiving the Pfizer-BioNTeck COVID-19 vaccine.
- I understand that the Pfizer-BioNTeck COVID-19 vaccine is authorized for use under Emergency Use Authorization (EUA) by the FDA for use in 5 to 11 year olds.
- I understand the known and potential risk and benefits of the Pfizer-BioNTeck COVID-19 vaccine and the extent to which such risks and benefits are unknown. I have reviewed the EUA Fact Sheet and have had the chance to ask questions and received satisfactory answers. It is unclear how long any potential benefits of the vaccine may last. Additional research is needed to answer this question.
- I understand that my child may still get COVID-19 and may be able to transmit the virus to other individuals.
- I consent to and authorize all medically necessary treatments in the rare event that the minor patient has a reaction to the vaccine including, but not limited to itching, swelling, fainting, anaphylaxis, and other reactions.
- I understand the Pfizer-BioNTeck COVID-19 vaccine is a 2-part series.
- The minor patient and I agree to remain for observation for the required time following administration.
- I agree to return for the second dose after 21 days.

For more info:

[www.cvdvaccine.com](http://www.cvdvaccine.com)



\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date