

Pfizer Minor Screening and Consent Form

Please print

Section 1: Minor vaccine recipient information

Today's date: _____

Name: _____

Address: _____

Street

City

State

ZIP

Date of birth: _____ Phone number: _____

Sex: Male Female _____

Race:

American Indian or Alaska Native

Black or African American

Asian

White

Native Hawaiian

Other Race

Other Pacific Islander

Ethnicity: Not Hispanic or Latino

Hispanic or Latino

Primary language: English Spanish Other: _____

Section 2: Screening questionnaire for minor to be vaccinated

Are you feeling sick today? YES NO

Have you been treated with antibody therapy for COVID-19 in the past 90 days? YES NO

Have you been diagnosed with multisystem inflammatory syndrome in children (MIS-C)? YES NO

Have you had a serious or life-threatening allergic reaction, such as hives, or difficulty breathing to *any* vaccine or shot? YES NO

Have you had any vaccines in the past 14 days? (Including flu shot) YES NO

Are you pregnant, considering becoming pregnant or breast feeding? YES NO

Do you have cancer, leukemia, HIV/AIDS, history of autoimmune disease or any other conditions that weakens the immune system? YES NO

Do you take any medications that affect your immune system such as steroids, anticancer drugs or have you had any radiation treatments? YES NO

Emergency use authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or licensed vaccine. However, the FDA's decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Information on the risks and benefits of the Pfizer COVID-19 Vaccine

The Pfizer-BioNTech (Pfizer) COVID-19 Vaccine "Fact Sheet for Recipients and Caregivers" is available at <https://www.fda.gov/media/144414/download>.

Parent or Guardian Consent for Minor Vaccination

I have reviewed the information on risks and benefits of the Pfizer COVID-19 Vaccine above and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent form, and I understand that the "Fact Sheet for Recipients and Caregivers," includes more detailed information about the potential risks and benefits of the Pfizer COVID-19 Vaccine.
2. I have the legal authority to consent on behalf of the child/minor named above to vaccination with the Pfizer COVID-19 Vaccine.
3. I understand I may not be required to accompany the child/minor named above to their vaccination appointment and that, by giving my consent below, the child/minor will receive the Pfizer COVID-19 Vaccine whether or not I am present at the vaccination appointment.

I GIVE CONSENT for the child/minor named at the top of this form to get vaccinated with the two-dose Pfizer COVID-19 Vaccine and have reviewed and agree to the information included in this form. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, care and treatments immediately after administration as needed (If this consent is not signed, dated and returned, the child/minor will not be vaccinated.)

Relationship to minor _____ Printed name _____
Signature _____ Date _____

- Verbal consent given (over the phone or another method). If so, person taking verbal consent must read all information under the section **Parent or Guardian Consent for Minor Vaccination** and record **Relationship to Minor** and **Printed Name**.

FOR STAFF USE ONLY

Screening for vaccine eligibility

Has the person listed above previously received COVID-19 vaccine? Yes No

If yes to the above, indicate the COVID-19 vaccine previously received:

Pfizer Moderna Astra Zeneca Johnson & Johnson Another product: _____

Date first dose administered: Month: _____ Day: _____ Year: _____

Vaccine administration: Vaccinator to complete

Vaccine administered: Pfizer BioNTech Dose 1 Dose 2 Dose 3

Lot number: _____ Exp date: _____ Site of injection: L deltoid R deltoid

Administered by (*print*): _____ Administered at: Olson Pediatric Clinic

Signature: _____ Date and time: _____