

Pfizer-BioNTech COVID-19 Vaccine Consent and Screening Form for Individuals Under 18 Years of Age

Section 1: Information About Minor Child to Receive Vaccine (please print)

MINOR'S NAME (Last)		(First)	(M.I.)	MINOR'S DATE OF BIRTH (MM/DD/YEAR): _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	MINOR'S AGE:	MINOR'S GENDER: M/F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER <u>AND</u> MOBILE NUMBER:		
CITY	STATE	ZIP			

Section 2: Screening for Vaccine Eligibility

The following questions will help us determine if there is any reason your child should not get the COVID-19 vaccine. If you answer "yes" to any question, it does not necessarily mean that your child should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

	YES	NO	UNKNOWN
1. Is your child currently feeling sick or ill?			
2. Has your child ever received a dose of the COVID-19 vaccine? If yes, which vaccine? <input type="checkbox"/> Moderna; <input type="checkbox"/> Pfizer; <input type="checkbox"/> Johnson & Johnson; <input type="checkbox"/> another brand of vaccine: _____			Date: _____ (If applicable)
3. Has your child ever had an allergic reaction to: <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused your child to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)</i>			
<input type="checkbox"/> A component of a COVID-19 vaccine including either of the following:			
<input type="checkbox"/> Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?			
<input type="checkbox"/> Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids?			
<input type="checkbox"/> A previous dose of COVID-19 vaccine?			
<input type="checkbox"/> A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction?			
4. Has your child ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused your child to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)</i>			
5. Has your child ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.			
6. Has your child received any vaccine in the last 14 days?			

7. Has your child ever had a positive test for COVID-19 or has a doctor ever told you that your child had COVID-19?			
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8. Has your child received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
9. Does your child have a weakened immune system caused by something such as HIV infection or cancer or does your child take immunosuppressive drugs or therapies?			
10. Does your child have a bleeding disorder or is your child taking a blood thinner?			
11. Is your child pregnant or breastfeeding?			
12. Does your child have dermal fillers?			

Section 3: Information on the risks and benefits of the PfizerBioNTech COVID-19 Vaccine

The Pfizer-BioNTech COVID-19 Vaccine may prevent the person vaccinated from getting COVID-19. There is no U.S. Food and Drug Administration (FDA)-approved vaccine to prevent COVID-19. However, the FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals twelve (12) years of age and older under an Emergency Use Authorization (EUA). The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone. Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes. There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. For this reason, a vaccination provider may ask the person receiving the vaccine to stay at the place where they received their vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include difficulty breathing, swelling of the face and throat, a fast heartbeat, and/or a bad rash all over the body.

Section 4: Consent

I have reviewed the information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine in Section 3 above and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent and screening form.
2. I have read or had read to me the latest (i.e. most recently released) version of the FACT SHEET FOR RECIPIENTS AND CAREGIVERS; EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 12 YEARS OF AGE AND OLDER, available at <https://www.cvdvaccine.com/> or <https://www.fda.gov/media/144414/download>.
3. I have the legal authority to consent to have the minor child named above vaccinated with the PfizerBioNTech COVID-19 Vaccine.
4. I understand that I am not required to accompany the child named above to their vaccination appointment and that, by giving my consent below, the child may receive the Pfizer-BioNTech COVID-19 Vaccine whether or not I am present at the vaccination appointment.
5. If I have health insurance that covers the child named above, I give permission for my insurance company to be billed for the costs of administering the PfizerBioNTech COVID-19 Vaccine. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and I will not be billed for that portion of the cost of my immunization.
6. I understand that pursuant to state law, all immunizations will be inputted to the Louisiana Immunization Network (LINKS) registry operated by the Louisiana Department of Health. More information about LINKS can be found at <https://ldh.la.gov/index.cfm/page/3660>.

I GIVE CONSENT to LSUHSC School Based Health Center @Science and Math H.S. to vaccinate the minor child named at the top of this form with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in Section 4 of this form.

Signature of the Parent/Legal Guardian named above

Date Signed: month _____ day _____ year _____