

PFIZER-BIONTECH COVID-19 VACCINE CONSENT FORM

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

Student's name (last)		(first)	(m.i.)	Student's date of birth	
Parent/legal guardian's name (last)		(first)	(m.i.)	month	day
				Student's age	Student's gender m / f
Address			Parent/guardian daytime phone number:		
City	State	Zip			
Student's doctor's name (last, first)		address		city	zip
School name		Homeroom teacher's name		Grade	

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child can get the Pfizer-Biontech Covid-19 Vaccine. If you answer "NO" to all the following questions, your child can probably get the vaccine. If you answer "YES" to one or more of the following questions, your child may be able to get the Pfizer-Biontech Covid-19 Vaccine, but we may need to contact you with further questions.

Screening Questions	Yes	No	Unsure
1. Does your child currently have an active infectious respiratory illness or fever?			
2. Has your child ever had a severe allergic reaction to any vaccines?			
3. Has your child received any other vaccines within the past 14 days? If yes, which one(s)			
4. Has your child ever received a dose of COVID-19 vaccine? If yes, which vaccine product? Pfizer _____ Moderna _____ Another Product _____			
5. Has your child ever had an allergic reaction to:			
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in			
• some medications, such as laxatives and preparations for colonoscopy procedures			
• Polysorbate			
• A previous dose of COVID-19 vaccine			
6. Has your child ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies			
7. Has your child received another vaccine in the last 14 days?			
8. Has your child ever had a positive test for COVID-19 or has a doctor ever told your child that your child had COVID-19?			
9. Has your child received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
10. Does your child have a weakened immune system caused by something such as HIV infection or cancer or do your child take immunosuppressive drugs or therapies?			
11. Does your child have a bleeding disorder or are your child taking a blood thinner?			
12. Is your child pregnant or breastfeeding?			

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read the Pfizer-Biontech Covid-19 Vaccine Information Sheet and understand the risks and benefits.

I GIVE CONSENT to the NAME OF ORGANIZATION CONDUCTING CLINIC and its staff for my child named at the top of this form to be vaccinated with this vaccine. (If this consent form is not signed, then your child will not be vaccinated)

I DO NOT GIVE CONSENT to the NAME OF ORGANIZATION CONDUCTING CLINIC and its staff for my child named at the top of this form to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian _____

Date: month _____ day _____ year _____