

**Pfizer-BioNTech COVID-19 Vaccine, COMIRNATY (COVID-19 VACCINE, mRNA)
Consent and Screening Form for Individuals 5 through 17 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):	
MINOR'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander			ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Is Minor a person with a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	MINOR'S AGE:	MINOR'S SEX: M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER <u>AND</u> MOBILE NUMBER:		
CITY	STATE	ZIP	PARENT/GUARDIAN EMAIL ADDRESS:		

SECTION 2: SCREENING FOR VACCINE ELIGIBILITY The following questions will help 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"/> Pfizer BioNTech; <input type="checkbox"/> Comirnaty; <input type="checkbox"/> another brand of vaccine: _____ Date: _____			
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 you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>			
• A component of a COVID-19 vaccine, including any of the following:			
○ Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?			
○ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids?			
• A previous dose of COVID-19 vaccine?			
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 you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>			

5. Check all that apply to your child:

- Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
- Is a male between 12 and 29 years of age
- Has a history of myocarditis or endocarditis
- Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
- Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- Has a weakened immune system (i.e., HIV infection, cancer)
- Takes immunosuppressive drugs or therapies
- Has a bleeding disorder
- Takes a blood thinner
- Has a history of heparin-induced thrombocytopenia (HIT)

- Is currently pregnant or breastfeeding
- Has received dermal fillers
- Has a history Guillain-Barre syndrome (GBS)

SECTION 3: INFORMATION ON THE RISKS AND BENEFITS OF THE PFIZER-BIONTECH COVID-19 VACCINE AND COMIRNATY (COVID-19 VACCINE, MRNA)

Both the *Pfizer-BioNTech COVID-19 Vaccine* and *COMIRNATY (COVID-19 VACCINE, mRNA)* may prevent the individual vaccinated from getting COVID-19. The U.S. Food and Drug Administration (FDA) has approved, for individuals sixteen years of age and older, *COMIRNATY (COVID-19 VACCINE, mRNA)* to prevent COVID-19. Additionally, the FDA has authorized the emergency use of the *Pfizer-BioNTech COVID-19 Vaccine* to prevent COVID-19 in individuals five (5) through fifteen (15) years of age under an Emergency Use Authorization (EUA). Both the FDA-approved *COMIRNATY (COVID-19 Vaccine, mRNA)* and the FDA-authorized *Pfizer-BioNTech COVID-19 Vaccine* have the exact same formulation, although the dosage for individuals 5-11 years of age is smaller. Both are administered as a 2-dose series, 21 days apart, into the muscle.

The *Pfizer-BioNTech COVID-19 Vaccine* and *COMIRNATY (COVID-19 VACCINE, mRNA)* may not protect everyone. Side effects that have been reported with both 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 either the *Pfizer-BioNTech COVID-19 Vaccine* or *COMIRNATY (COVID-19 VACCINE, mRNA)* 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* or *COMIRNATY (COVID-19 VACCINE, mRNA)*. For this reason, a vaccination provider will 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 severe rash all over the body.

SECTION 4: CONSENT I have reviewed the information on risks and benefits of the *Pfizer-BioNTech COVID-19 Vaccine* and *COMIRNATY (COVID-19 VACCINE, mRNA)* 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 *VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS ABOUT COMIRNATY (COVID-19 VACCINE, mRNA) AND THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS 12 YEARS OF AGE AND OLDER* **or** *VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS ABOUT THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS 5 THROUGH 11 YEARS OF AGE*, available at <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 *Pfizer-BioNTech COVID-19 Vaccine* or *COMIRNATY (COVID-19 VACCINE, mRNA)*, which consists of two (2) doses administered 21 days apart.
4. I understand that I am not required to accompany the child named above to their vaccination appointments and that, by giving my consent below, the child may receive the applicable *Pfizer-BioNTech COVID-19 Vaccine* or *COMIRNATY (COVID-19 VACCINE, mRNA)* whether or not I am present at the vaccination appointments.
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 *Pfizer-BioNTech COVID-19 Vaccine* or *COMIRNATY (COVID-19 VACCINE, mRNA)*. The government is paying for the actual *Pfizer-BioNTech COVID-19 Vaccine* or *COMIRNATY (COVID-19 VACCINE, mRNA)*, 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 _____ [INSERT VACCINATING ENTITY NAME] to vaccinate the minor child named at the top of this form with the applicable *Pfizer-BioNTech COVID-19 Vaccine* or *COMIRNATY (COVID-19 VACCINE, mRNA)* and have reviewed and agree to the information included in Section 4 of this form.

Date signed: month ____ day ____ year ____

Signature of the Parent/Legal Guardian named above

Manufacturer	Lot #	Expiration Date	Route	Dose	Injection site	EUA Date
Pfizer-BioNTech (5-11 years)			Intramuscular (IM)	0.2mL		10/29/2021
Pfizer BioNTech or Comirnaty (12 – 17 years)			Intramuscular (IM)	0.3mL		10/29/2021