

Pfizer Minor Screening and Consent Sample Form

Please print

Section 1: Minor Vaccine Recipient Information

Today's date: _____

Name: _____

Address: _____
Street City State ZIP

Date of birth: _____ Phone number: _____

Race

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Other Pacific Islander | |

Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Hispanic or Latino |
|---|---|

Primary Language

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Other: _____ | |

Section 2: Screening Questionnaire for Minor to be Vaccinated

Are you feeling sick today?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been treated with antibody therapy for COVID-19 in the past 90 days?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been diagnosed with multisystem inflammatory syndrome in children (MIS-C)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you had a serious or life-threatening allergic reaction, such as hives, or difficulty breathing to <i>any</i> vaccine or shot?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you had any vaccines in the past 14 days? (Including flu shot)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you pregnant, considering becoming pregnant or breast feeding?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have cancer, leukemia, HIV/AIDS, history of autoimmune disease or any other conditions that weakens the immune system?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you take any medications that affect your immune system such as steroids, anticancer drugs or have you had any radiation treatments?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

Emergency Contact Phone Number: _____