

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

		NO	YES	Don't know
1	Does your child have a fever or Is your child feeling sick today?			
2	Has your child ever received a dose of COVID-19 vaccine?			
	If yes, which product?                      PFIZER                      MODERNA                      J&J			
3	Has your child ever had an allergic reaction requiring an EpiPen or an ER Visit for hives, swelling, respiratory distress or wheezing within 4 hours of exposure to:			
	• A component of the COVID vaccine including either of the following:			
	o Polyethylene glycol (PEG), which is found in some medications, such as laxatives and colonoscopy prep			
	o Polysorbate which is found in some vaccines, film-coated tablets & IV steroids			
	• A previous dose of COVID-19 Vaccine			
	• A vaccine or injection with multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the reaction			
4	Has your child ever had an allergic reaction to another vaccine or an injectable medication (allergic reaction requiring an EpiPen or ER visit for hives, swelling, respiratory distress or wheezing within 4 hours of the exposure)?			
5	Has your child ever had a severe allergic reaction to something other than a component of COVID-19 vaccine or injectable medication? This includes food, pets, venom, environmental or oral medication allergies			
6	Has your child ever had a positive test for COVID-19 or had a doctor tell you that you had COVID?			
7	Has your child received passive antibody therapy (monoclonal antibodies or convalescent serum) as a treatment for COVID-19?			
8	Does your child have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
9	Does your child have a bleeding disorder or is s/he taking a blood thinner?			

I have been provided and read the information on the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION OF THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 6 MONTHS THROUGH 5 YEARS OF AGE" about COVID-19 & the COVID-19 vaccine, and I have had the chance to ask questions. I understand the benefits & risks of COVID-19 vaccination & request that the vaccine be given to me or the person named above for whom I am authorized to sign.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR STAFF USE**  
**COVID-19 VACCINATION**

DATE	
LOT NUMBER	
EXP DATE	
INJECTION SITE	
INITIALS	