

# Screening and Consent for Pfizer-BioNTech COVID-19 VACCINE

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

	yes	no
Have you tested positive for COVID-19 in the past 14 days:	<input type="checkbox"/>	<input type="checkbox"/>
Have you been close contact of a confirmed COVID case (told to quarantine)?	<input type="checkbox"/>	<input type="checkbox"/>

AGE: \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are you sick today?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a known allergy to a component of the vaccine?<br>(mRNA, lipids, sucrose, polyethylene glycol (PEG), tromethamine hydrochloride)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a serious reaction to a vaccine or injectable agent including a previous dose of COVID-19 vaccine?<br>(hives, itching, difficulty breathing, wheezing that occurred within 4 hours of the dose) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you EVER had anaphylaxis (severe, potentially life-threatening allergic reaction that required treatment with Epi-Pen®/epinephrine or for you to go to the hospital)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have dermal fillers?   | <input type="checkbox"/> | <input type="checkbox"/> |

I know the Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for certain age groups and populations and has issued approval for other age groups and populations.

I know I should report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or <https://vaers.hhs.gov/reportevent.html>.

I have been given a copy and have read or have had explained to me, the information in the Fact Sheet for Pfizer-BioNTech COVID-19 VACCINE. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

Vaccine: Pfizer-BioNTech COVID-19 VACCINE     Accept Immunization                       Decline Immunization

LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MRN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR CLINIC STAFF ONLY:**                      **\*\* If yes to any questions, consult with medical provider or pharmacist for signoff**

Vaccine record reviewed: Brand PFIZER                      Date of 1<sup>st</sup> dose: \_\_\_\_\_

**MEDICAL PROVIDER/PHARMACIST SIGNATURE** \_\_\_\_\_

Arm vaccinated:    L            R            Vaccinator Initials: \_\_\_\_\_    Wait time:    15m            30m