

*** CLINIC USE ONLY ***

- Pfizer (6m-4y): #1 #2 #3
- Pfizer (5-11y): #1 #2 #3^{IC} Booster
- Pfizer (12+y): #1 #2 #3^{IC}
- Pfizer (12+y): Bivalent booster
- Moderna (6m-5y): #1 #2



COVID-19 Vaccine Screening & Consent Form

Name: _____ Birthday: _____ Visit Date: _____ Appt Time: _____

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 may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Questions for Vaccine Recipient

	YES	NO	DON'T KNOW
1. Are you feeling sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received a dose of COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) If yes, date of most recent dose: _____ Brand: _____			
3. Have you ever had an allergic reaction to: (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 occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
a) A component of a COVID-19 vaccine including either of the following:			
▪ Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Polysorbate, which is found in some vaccines, film-coated tablets, and intravenous steroids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) A previous dose of COVID-19 vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, but it is not known which component elicited the immediate reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (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 occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
7. Do you have a weakened immune system caused by something such as HIV infection or cancer, or do you take immunosuppressive drugs or therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a bleeding disorder, or are you taking a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consent for Vaccination

I have received, read, or had explained to me and understand the COVID-19 vaccine information sheet provided. I hereby authorize Metropolitan Pediatrics to administer the vaccine I have requested. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, and care and treatments immediately after administration as needed.

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.

Please review our Billing & Financial Policies and Notice of Privacy Practices online at metropediatrics.com prior to signing below.

- Billing & Financial Policies outlines our billing and financial policies for any charges resulting from care.
- Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information.

I have read and understand the Billing & Financial Policies and Notice of Privacy Practices. I consent to treatment by Metropolitan Pediatrics and agree to the Billing & Financial Policies' terms for any charges resulting from care. I understand that Metropolitan Pediatrics has the right to change the Notice of Privacy Practices and that I may review a current copy of the notice any time online at metropediatrics.com.

X _____
Signature of Legally Responsible Person

Print Name

_____/_____/_____
Date



CLINIC USE ONLY

ADMINISTRATION INFORMATION

Pfizer (6m-4y): #1 #2 #3

Pfizer (5-11y): #1 #2 #3^{IC*} **Booster**

Pfizer (12+y): #1 #2 #3^{IC*}

Pfizer (12+y): **Bivalent booster**

Moderna (6m-5y): #1 #2

^{IC} = immunocompromised

Lot #: _____

Site: L deltoid R deltoid
 L vastus lateralis R vastus lateralis

Observation: 15 mins. 30 mins.

Administrator: **X** _____

Print Name: _____

Date: **X** ____/____/____