

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## Child Screening Questionnaire for COVID Vaccination

The following questions will help us determine if there is any reason we should not give your child a COVID vaccination today. If you answer "yes" to any question, it does not necessarily mean your child 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.

- |  |     |    |            |
|--|-----|----|------------|
| 1. Is your child under the age of 12 Years?  | YES | NO |            |
| <b>If yes, your child is not eligible for a COVID vaccination</b>                          |     |    |            |
| 2. Has your child ever had a serious reaction to any vaccine in the past?                  | YES | NO | DON'T KNOW |
| 3. Has your child had any other vaccines in the last 2 weeks?<br>KNOW                      | YES | NO | DON'T KNOW |
| 4. Does your child have a severe allergy (anaphylaxis) to anything?                        | YES | NO | DON'T KNOW |
| 5. Is your child sick today?   | YES | NO | DON'T KNOW |
| 6. Is your child taking medications or have a condition that suppresses the immune system? | YES | NO | DON'T KNOW |
| 7. Is your child pregnant?   | YES | NO | DON'T KNOW |

I certify that I had read and understand the questions above and have answered them truthfully to the best of my ability, and I have been offered the 2021 Emergency Use Authorization (EUA). I give my consent to have my child vaccinated today with the Pfizer COVID vaccine.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>For clinical use only:</p>  <p>Form reviewed/Injection given by: _____</p>
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