# WALNUT CREEK PEDIATRIC MEDICAL GROUP, INC.

INFANTS – CHILDREN – ADOLESCENTS

1822 SAN MIGUEL DRIVE

WALNUT CREEK, CA 94596

TEL: (925) 945-3580 - FAX: (925) 934-0471

EMAIL: WCPEDIATRICS@PROTONMAIL.COM

| | |
|---|---|
| MONTGOMERY KONG, M.D. | TOBY LUSTIG, M.D. |
| DIANA NAM, M.D. | BO ESPINOSA-SETCHKO, M.D. |

## Pfizer-BioNTech COVID-19 Vaccine, COMIRNATY (COVID-19 VACCINE, mRNA) Consent and Screening Form for Individuals 5 through 11 years of age

## SECTION 1: INFORMATION ABOUT MINOR CHILD TO RECEIVE VACCINE

(PLEASE PRINT CLEARLY)

| MINOR'S NAME (LAST): | (FIRST) | (M.I.) | MINOR'S DATE OF BIRTH (MM/DD/YEAR) _____/_____/_____ |
|---|---|---|---|

| MINOR'S RACE: | ETHNICITY: | Is Minor a person with a disability? |
|---|---|---|
| [ ] AMERICAN INDIAN OR ALASKA NATIVE<br>[ ] ASIAN<br>[ ] BLACK OR AFRICAN AMERICAN<br>[ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER<br>[ ] WHITE<br>[ ] OTHER RACE<br>[ ] UNKNOWN | [ ] HISPANIC OR LATINO<br>[ ] NOT HISPANIC OR LATINO<br>[ ]UNKNOWN | [ ] YES [ ] NO |

| PARENT/LEGAL GUARDIAN'S NAME (LAST): | (FIRST) | MINOR'S AGE: | MINOR'S GENDER: [ ] MALE [ ] FEMALE [ ] NON BINARY [ ] UNKNOWN |
|---|---|---|---|

| ADDRESS: | | | CELL PHONE (10 DIGIT): _____-_____-_____ |
|---|---|---|---|
| CITY: | STATE: | ZIP: | PARENT/LEGAL GUARDIAN'S EMAIL: |
| MOTHER'S FIRST NAME: | | | OCCUPATION: |

**Post-vaccination Observation Times for COVID-19 Vaccination: 15 Minutes**

_____ Date Signed: _____

**Signature of the Parent/Legal Guardian named above.**

**PATIENT NAME:** _____ **DATE OF BIRTH:** _____

**SECTION 2: SCREENING FOR VACCINE ELIGIBILITY: The following questions will help determine if there is any reason your child should not get the COVID-19 vaccine. If you answer "yes" to any question, it does not necessarily mean that your child 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.**

| | YES | NO | UNKNOWN |
|---|---|---|---|
| 1. Is your child currently feeling sick or ill? | | | |
| 2. Has your child ever received a dose of the COVID-19 vaccine? If yes, which vaccine? [ ] Pfizer BioNTech; [ ] Comirnaty; [ ] another brand of vaccine _____ Date: _____ | | | |
| 3. Has your child 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 caused hives, swelling, or respiratory distress, including wheezing). | | | |
| * A component of a COVID-19 vaccine, including any of the following: | | | |
| - Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? | | | |
| - Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids? | | | |
| - A previous dose of COVID-19 vaccine? | | | |
| 4. Has your child 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 caused hives, swelling, or respiratory distress, including wheezing). | | | |

5. Check all that apply to your child:

[ ] Had a severe allergic reaction to another vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
[ ] Has a history of myocarditis or endocarditis
[ ] Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
[ ] Diagnosed with Multi-system Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
[ ] Has a weakened immune system (i.e., HIV infection, cancer)
[ ] Takes immunosuppresive drugs or therapies
[ ] Has a bleeding disorder
[ ] Takes a blood thinner
[ ] Has a history of heparin-induced thrombocytopenia (HIT)
[ ] Has received dermal fillers
[ ] Has a history Guillain-Barre syndrome (GBS)

_____ **Date Signed:** _____

**Signature of the Parent/Legal Guardian named above.**

PATIENT NAME: _____ DATE OF BIRTH: _____

## SECTION 3: INFORMATION ON THE RISKS AND BENEFITS OF THE PFIZER-BIONTECH COVID-19 VACCINE AND COMIRNATY (COVID-19 VACCINE MRNA).

Both the Pfizer-BioNtech COVID-19 Vaccine and COMIRNATY (COVID-19 VACCINE, mRNA) may prevent the individual vaccinated from getting COVID-19. The U.S. Food and Drug Administration (FDA) has approved, for individuals sixteen years of age and older, COMIRNATY (COVID-19 VACCINE, mRNA) to prevent COVID-19. Additionally, the FDA has authorized the emergency use of the Pfizer-BIONTech COVID-19 Vaccine to prevent COVID-19 in individuals five (5) through fifteen (15) years of age under an Emergency Use Authorization (EUA). Both the FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the FDA-authorized Pfizer-BIONTech COVID-19 Vaccine have the exact same formulation, although the dosage for the individuals 5-11 years of age is smaller. Both are administered as a 2-dose series, 21 days apart, into the muscle.

The Pfizer-BIONTech COVID-19 and COMIRNATY (COVID-19 VACCINE, mRNA) may not protect everyone. Side effects that have been reported with include injection site pain, redness, nausea, feeling unwell, and swollen lymph nodes. There is a remote chance a severe allergic reaction. A severe allergic reaction would occur a few minutes to one hour after getting a dose of the Pfizer-BIONTech COVID-19 Vaccine or COMIRNATY (COVID-19 VACCINE, mRNA). For this reason, a vaccination provider will ask the person receiving the vaccine to stay at the place where they received their vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include difficulty breathing, swelling of the face and throat, a fast heartbeat, and/or a severe rash all over the body.

**Section 4: CONSENT** **I have reviewed he information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine and COMIRNATY (COVID-19 VACCINE, mRNA) in Section 3 above and understand the risks and benefits. In providing my consent below, I agree that:**

1. I have reviewed this consent and screening form.
2. I have read or had to me the latest (i.e. most recently released) version of the VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS ABOUT COMIRNATY (COVID-19 VACCINE, mRNA) FOR USE IN INDIVIDUALS 12 YEARS OF AGE AND OLDER , VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS ABOUT THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS 5 THROUGH 11 YEARS OF AGE, available at https://www.fda.gov/media/144414/download.
3. I have the legal authority to consent the have the minor child named above vaccinated with the Pfzier-BioNTech COVID-19 Vaccine or COMIRNATY (COVID-19 VACCINE, mRNA), which consists of two (2) doses administered 21 days apart.
4. If I have health insurance that covers the child named above, I give permission for my insurance company to be billed for the costs of administering, the Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY (COVID-19 VACCINE, mRNA). The government is paying for the actual Pfizer-BioNTech COVID-19 VACCINE or COMIRNATY (COVID-19 VACCINE, mRNA) and I will not to be billed for that portion of the cost of my immunization.
5. I understand that pursuant to state law, all immunizations will be imput to the CAIR Website.

I GIVE CONSENT to WALNUT CREEK PEDIATRICS to vaccinate the minor child named on the top of this form with the applicable Pfizer-BIONTech COVID-19 Vaccine or COMIRNATY (COVID-19 VACCINE, mRNA) and have reviewed and agree to the information included in Section 4 of this form.

_____ **Date Signed:** _____

**Signature of the Parent/Legal Guardian named above.**

| OFFICE USE ONLY | | | | | | |
|---|---|---|---|---|---|---|
| **Manufacturer** | **Lot #** | **Dose** | **Route** | **Injection Site** | **EUA Date** | **MA ADMIN** |
| **Pfizer-BIONTech COVID-19** | | **0.2ML** | **IM** | **LD** | **10/29/21** | |

**Entered into CAIR (initial and date)** _____

**Notes/Comments:** _____ **REV: 11/05/2021**