

COVID-19 Screening and Consent Form

PLEASE PRINT

Section 1: Vaccine Recipient Information

Today's date: _____

Name: _____

Date of birth: _____

Section 2: Screening Questionnaire

<p>1. Is your child feeling sick today?</p> <p>2. Does your child have a COVID-19 test pending?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>3. Has your child ever received a dose of a COVID-19 vaccine?</p> <ul style="list-style-type: none"> • Which vaccine (<i>please check which one</i>): <ul style="list-style-type: none"> <input type="radio"/> Pfizer <input type="radio"/> Moderna 	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>4. Has your child ever had an allergic reaction to:</p> <p><i>(This would include a severe allergic reaction [e.g. anaphylaxis] that required treatment with epinephrine or EpiPen or that required them to be evaluated at a hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing).</i></p> <ul style="list-style-type: none"> • Another vaccine (other than COVID-19) or injectable medication • A component of a COVID-19 vaccine including either of the following: Polyethylene glycol, which is found in some medications such as laxatives and/or Polysorbate, which is found in some vaccines 	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>5. Check all that apply to your child:</p> <p><input type="checkbox"/> Have a history of myocarditis or pericarditis</p> <p><input type="checkbox"/> Had a severe or allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medications</p> <p><input type="checkbox"/> Has had COVID-19</p> <p><input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection</p> <p><input type="checkbox"/> Have a bleeding disorder</p> <p><input type="checkbox"/> Take a blood thinner</p> <p><input type="checkbox"/> Have a weakened immune system or take immunosuppressive drugs or therapies</p> <p><input type="checkbox"/> History of Guillain-Barre Syndrome (GBS)</p> <p>Form reviewed by: _____ Date: _____</p>		



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.

Consent

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

Signature

Date

Print Name