

## COVID-19 Screening and Consent Form

PLEASE PRINT

### Section 1: Vaccine Recipient Information

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Section 2: Screening Questionnaire

1. Is your child feeling sick today?

Yes ☐

No ☐

2. Does your child have a COVID-19 test pending?

Yes ☐

No ☐

3. Has your child ever received a dose of a COVID-19 vaccine?

• Which vaccine (*please check which one*):

- ☐ Pfizer
- ☐ Moderna

Yes ☐

No ☐

4. 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 required them to be evaluated at a hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing).*

- 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

Yes ☐

No ☐

Yes ☐

No ☐

5. Check all that apply to your child:

- ☐ Have a history of myocarditis or pericarditis
- ☐ Had a severe or allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medications
- ☐ Has had COVID-19
- ☐ Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- ☐ Have a bleeding disorder
- ☐ Take a blood thinner
- ☐ Have a weakened immune system or take immunosuppressive drugs or therapies
- ☐ History of Guillain-Barre Syndrome (GBS)

Form reviewed by BMC STAFF: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 competed 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.

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*Signature*

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Date

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Print Name