

## Vaccination Consent Form-School Pfizer COVID-19

IF A MINOR (UNDER 19 YEARS OLD) IS NOT ACCOMPANIED BY A PARENT/GUARDIAN, THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO MINOR ARRIVING AT CLINIC OR THEY WILL BE DENIED VACCINE.

AST NAME IIRTHDATE		GENDER  FEMALE MALE		1			MAIDEN NAME	
				MOTHER'S MAIDEN NAME (First & Last)*				
TREET ADDRESS				MAILING ADDRESS (IF DIFFERENT)				
ТҮ	STATE	ZIP	PHONE #	-		*Used to v	erify recipient in NESIIS	
1 Current Age:								
2 Are you feeling sick	today?				YES	☐ NO		
3 In the last 14 days has a COVID-19 positive	-	•	or COVID-19	or been exposed	to YES	□ NO		
4 Have you received another vaccine in the last 14 days?					YES	☐ NO		
5 Have you ever received a dose of COVID-19 Vaccine?				YES	☐ NO			
If yes,	which vaccii	ne Product?		Date receive	ed:			
Mode	erna 🔲 F	Pfizer Jansse	en (Johnson &	Johnson) Othe	er			
6 Have you had a sev	ere reaction	to a vaccine in	n the past?		YES	☐ NO		
7 Have you received COVID-19 passive antibody therapy in				the last 3 months?	YES	☐ NO		
vaccination.  accompanied the named above) I	ovided and I understand his form state agree to allo	have read, or he date a the benefits the date a bow the school a	had explain and risks of and location agent name	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to	A information is described. I am not account on my chi	sheet about t I have read the impanying the ild's behalf.	he COVID-19 e letter that child (recipient equest that the	
have been pr vaccination. accompanied th named above) I COVID-19 vaccinat	ovided and I understand is form state agree to alle ion be giver	have read, or had the benefits ting the date a bow the school of to me (or the	had explain and risks of and location agent name person nam provide su	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to med above for wh rrogate consent).	A information is described. I am not account on my chi	sheet about t I have read the Impanying the Id's behalf. I r Inorized to mak	he COVID-19 e letter that child (recipient equest that the	
have been pr vaccination. accompanied th named above) I	ovided and I understand is form state agree to alle ion be giver	have read, or had the benefits ting the date a bow the school of to me (or the	had explain and risks of and location agent name person nam provide su	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to med above for wh rrogate consent).	A information is described. I am not account on my chi	sheet about t I have read the impanying the ild's behalf.	he COVID-19 e letter that child (recipient equest that the	
have been pr vaccination. accompanied th named above) I COVID-19 vaccinat Signature: *if recipient	ovided and I understand is form state agree to allo ion be giver is under 19, a	have read, or had the benefits ting the date a bow the school of the date and the date are to me (or the parent or guardial	had explain and risks of and locatior agent name person nar provide su an must sign	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to med above for wh rrogate consent).	A information s described. I am not acco act on my ch om I am auth	sheet about t I have read the mpanying the ild's behalf. I reprised to make the Date:	he COVID-19 e letter that child (recipient request that the e this request and	
have been pr vaccination. accompanied th named above) I COVID-19 vaccinat Signature: *if recipient	ovided and I understand his form state agree to allo ion be given his under 19, a ipient is ur	have read, or had the benefits ting the date a bow the school on to me (or the parent or guardiander 19, this s	had explain and risks of and locatior agent name person nar provide su an must sign	ed to me, the EUA the vaccination and of this clinic. If ed in the letter to med above for which consent.	A information is described. I am not account on my chiom I am auth	sheet about to I have read the impanying the ild's behalf. I norized to make Date:	he COVID-19 e letter that child (recipient request that the e this request and	
have been prevaccination.  accompanied the named above) I  COVID-19 vaccinate  Signature: *if recipient	ovided and I understand his form state agree to allo ion be given his under 19, a ipient is ur	have read, or had the benefits ting the date a bow the school on to me (or the parent or guardiander 19, this s	had explain and risks of and locatior agent name person nar provide su an must sign	ed to me, the EUA the vaccination and of this clinic. If ed in the letter to med above for which consent.	A information is described. I am not account on my chiom I am auth	sheet about to I have read the impanying the ild's behalf. I norized to make Date:	he COVID-19 e letter that child (recipient equest that the e this request and	
have been prevaccination.  accompanied the named above) I  COVID-19 vaccinate  Signature: *if recipient	ovided and I understand is form state agree to alle ion be given is under 19, a ipient is un Name (plea	have read, or had the benefits ting the date above the school of to me (or the parent or guardiander 19, this sase print):	had explain and risks of and location agent name person nar provide su an must sign	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to med above for wh rrogate consent). consent  ust be filled out:	A information is described. I am not account on my chiral om I am authorized the mergency is a second of the merge	sheet about t I have read the impanying the ild's behalf. I reported to make the contact information of the contact information o	he COVID-19 e letter that child (recipient equest that the e this request and	
have been prevaccination.  accompanied the named above) I  COVID-19 vaccinate  Signature: *if recipient	ovided and I understand is form state agree to alle ion be given is under 19, a ipient is un Name (plea	have read, or had the benefits ting the date above the school of to me (or the parent or guardiander 19, this sase print):	had explain and risks of and location agent name person nar provide su an must sign	ed to me, the EUA the vaccination and of this clinic. If ed in the letter to med above for which consent.	A information is described. I am not account on my chiral om I am authorized the mergency is a second of the merge	sheet about t I have read the impanying the ild's behalf. I reported to make the contact information of the contact information o	he COVID-19 e letter that child (recipient equest that the e this request and	
have been prevaccination.  accompanied the named above) I  COVID-19 vaccinate  Signature: *if recipient	ovided and I understand his form state agree to alle ion be given is under 19, a ipient is un Name (plea	have read, or had the benefits ting the date above the school of to me (or the parent or guardiander 19, this sase print):	had explain and risks of and location agent name person nar provide su an must sign	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to med above for wh rrogate consent). consent  ust be filled out:	A information is described. I am not account on my chiral om I am authorized the mergency is a second of the merge	sheet about t I have read the impanying the ild's behalf. I reported to make the contact information of the contact information o	he COVID-19 e letter that child (recipient equest that the e this request and	
have been privaccination.  accompanied the named above) I  COVID-19 vaccinate  Signature: *if recipient  If recipient	ovided and I understand his form state agree to alle ion be given is under 19, a ipient is un Name (plea	have read, or he did the benefits ting the date above the school of to me (or the parent or guardian der 19, this sase print):	had explain and risks of and location agent name person nar provide su an must sign	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to med above for wh rrogate consent). consent  ( ATIVE US	A information is described. I am not account on my chiral om I am authorized the mergency is a second of the merge	sheet about t I have read the impanying the ild's behalf. I reported to make the contact information of the contact information o	he COVID-19 e letter that child (recipient equest that the e this request and	
have been privaccination.  accompanied the named above) I  COVID-19 vaccinate  Signature: *if recipient  If recipient	ovided and I understand his form state agree to alle ion be given is under 19, a ipient is un Name (plea	have read, or he did the benefits ting the date above the school in to me (or the parent or guardiander 19, this sase print):  ADMIN  Manufacture	had explain and risks of and location agent name person nar provide suran must sign of section must sign of section must sign and section must sign of secti	ed to me, the EUA the vaccination a n of this clinic. If ed in the letter to med above for wh rrogate consent). consent  ( ATIVE US	A information is described. I am not account on my chiral om I am authorized the mergency is a second of the merge	sheet about t I have read the impanying the ild's behalf. I reported to make the contact information of the contact information o	he COVID-19 e letter that child (recipient equest that the e this request and	
have been prevaccination.  accompanied the named above) I COVID-19 vaccinate  Signature: *if recipient  If recipient  Emergency Contact  Lot Numb  Nurse Signature:	ovided and I understand is form state agree to alle ion be giver is under 19, a ipient is ur Name (plea	have read, or he did the benefits ting the date a low the school of to me (or the parent or guardiander 19, this sase print):  ADMIN  Manufacture  Pfizer	had explain and risks of and location agent name person nar provide suran must sign of section must sign of the RA LA RT LT	the vaccination and of this clinic. If ed in the letter to med above for wharrogate consent.  Consent  Consent	Emergency  E ONL	sheet about t I have read the impanying the ild's behalf. I reported to make the contact information of the contact information o	he COVID-19 e letter that child (recipient equest that the e this request and	
have been prevaccination.  accompanied the named above) I COVID-19 vaccinate  Signature: *if recipient  If recipient  Emergency Contact  Lot Numb  Nurse Signature:	ovided and I understand is form state agree to alle ion be giver is under 19, a ipient is ur Name (plea	have read, or he did the benefits ting the date a low the school of to me (or the parent or guardiander 19, this sase print):  ADMIN  Manufacture  Pfizer	had explain and risks of and location agent name person name provide suran must sign assection must sign and location must sign and locat	the vaccination and of this clinic. If ed in the letter to med above for what rrogate consent.  Consent  Consent  Date:	information s described. I am not acco act on my chi om I am auth  Emergency  E  ONL'  NESIIS Er	sheet about t I have read the impanying the ild's behalf. I reported to make the contact information of the contact information o	he COVID-19 e letter that child (recipient equest that the e this request and	