



# COVID-19 PFIZER Vaccination Consent 6 mo-4yo (YELLOW LABEL) 5-11yo (BLUE LABEL)

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Zip Code: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

<b>COVID-19 vaccination screening questions:</b>	1. Is your child sick today? (minor illness is not a contraindication to vaccination)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Does your child have a life-threatening allergy to any vaccine or component of vaccines? If yes, DO NOT VACCINATE. Check with your provider.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. I understand that the COVID-19 vaccination is a multi-dose vaccination for children less than 5 years old, and I agree that my child will receive additional doses at the time required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4. If my child is 5-11 years old, and has been previously vaccinated against COVID, it has been at least 2 months since the last previous COVID vaccine dose.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>See reverse for vaccination recommendations</b>			

### INFORMED CONSENT:

I, (print name): \_\_\_\_\_, hereby acknowledge and assume the risk of COVID-19 vaccination.

I understand the COVID-19 Vaccination is not an FDA-approved medication for persons age 6 mo- 11 years old and has been given Emergency Use Authorization (EUA) to permit its use for prevention of COVID-19. I have had the opportunity to review the EUA for this vaccine.

In order to obtain EUA, the FDA evaluates the available evidence and carefully balances any known or potential risks of any unproven products with any known or potential benefits of making them available during the emergency. Based on evaluation of the EUA criteria and the scientific evidence available, it was determined that it is reasonable to believe the vaccine may be effective in the prevention of COVID-19, and that, given there are no available alternative vaccines, the known and potential benefits to treat this serious or life-threatening virus currently outweigh the known and potential risks of the drug's use.

I understand that there is limited information known about the safety and efficacy of using the COVID-19 vaccine. Serious and unexpected side effects may occur. Known possible side effects include:

- Allergic reactions: low blood pressure, changes in heartbeat, shortness of breath, wheezing, swelling of the lips, face, or throat, rash, nausea, vomiting, sweating, or shivering, possible during or after infusion
- Immune system reaction: fever, muscle/joint aching, myalgia, headache, fatigue, nausea/vomiting
- Pain/swelling/redness at injection site
- Very rarely: inflammation of the heart muscle or the tissues surrounding the heart

I understand the COVID-19 vaccine may cause additional risks, some of which may not currently be known at this time, in addition to the risks described above, as well as those risks for the treatment itself.

**YES, I consent to have the COVID-19 vaccine given to my child. I understand that the Pfizer Pediatric Comirnaty vaccine is given under Emergency Use Authorization for persons 6 mo-11 years old and I will review the information sheet when available before my child receives the vaccine. I understand that receiving the vaccine does not preclude my child from wearing a mask when recommended and will continue to comply with Minnesota Department of Health regulations.**

\_\_\_\_\_  
Patient Representative Signature & Relationship to patient

\_\_\_\_\_  
Date

Date administered/info given: ____/____/____		Date of vaccine info sheet: 9/2023
Lot #: _____	Mfg: Pfizer Biontech 2023-2024 PEDIATRIC COVID-19 VACCINE _____6mo-4yo (YELLOW) _____5yo-11yo (BLUE)	CPT Code:
Route/Dose: _____0.3ml IM PEDIATRIC Pfizer	IM Site: Deltoid R _____ L _____ Vastus Lateralis R _____ L _____	Name and title of vaccine administrator: _____

**Individuals 6 Months Through 4 Years of Age by Pfizer-BioNTech  
COVID-19 Vaccination Status**

<b>Number of Previous Doses of Pfizer-BioNTech COVID-19 vaccine(s)<sup>a</sup></b>	<b>Pfizer-BioNTech COVID-19 Vaccine, (2023-2024 Formula) Vial Cap and Label Border Color</b>	<b>Pfizer-BioNTech COVID-19 Vaccine (2023-2024 Formula) Dosing Regimen, Dose and Schedule<sup>b</sup></b>
0 <sup>c</sup>	Yellow	3 doses <sup>d</sup> , 0.3 mL each Dose 1: Week 0 Dose 2: Week 3 Dose 3: ≥8 weeks after Dose 2
1	Yellow	2 doses <sup>d</sup> , 0.3 mL each Dose 1: 3 weeks after receipt of the previous dose of Pfizer-BioNTech COVID-19 vaccine <sup>a</sup> Dose 2: ≥8 weeks after Dose 1
2 to 4	Yellow	Single dose, 0.3 mL ≥8 weeks after receipt of the last previous dose of Pfizer-BioNTech COVID-19 vaccine <sup>a</sup>

- a. Previous doses of Pfizer-BioNTech COVID-19 vaccine(s) refers to doses with Pfizer-BioNTech COVID-19 Vaccine (Original monovalent) and Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5). These vaccines are no longer authorized for use in the United States.
- b. For individuals with certain kinds of immunocompromise previously vaccinated with Pfizer-BioNTech COVID-19 vaccines, see text below tables for dosing information.
- c. Not previously vaccinated with any COVID-19 vaccine.
- d. For individuals turning from 4 to 5 years of age during the vaccination series, administer all doses with Pfizer-BioNTech COVID-19 Vaccine (2023-2024 Formula) supplied in vials with yellow caps and labels with yellow borders.

**Individuals 5 Years Through 11 years of Age Irrespective of  
COVID-19 Vaccination Status**

<b>Pfizer-BioNTech COVID-19 Vaccine (2023-2024 Formula) Vial Cap and Label Border Color</b>	<b>Pfizer-BioNTech COVID-19 Vaccine (2023-2024 Formula) Dosing Regimen, Dose and Schedule<sup>a</sup></b>
Blue	Single dose, 0.3 mL If previously vaccinated, ≥2 months after receipt of the last previous dose of COVID-19 vaccine <sup>b</sup>