



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: _____

COVID-19 vaccination screening questions:	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
See reverse for vaccination recommendations			

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.


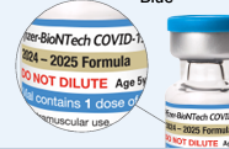
YES, I consent to have the COVID-19 vaccine given to my child. I understand that the Pfizer Pediatric Comirnaty vaccine is given under Emergency Use Authorization for persons 6 mo-11 years old and I will review the information sheet when available before my child receives the vaccine. I understand that 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: 8/2024
Lot #: _____	Mfg: Pfizer Biontech 2024-2025 PEDIATRIC COVID-19 VACCINE _____ 6mo-4yo (YELLOW) MULTIDOSE VIAL (MUST BE DILUTED) _____ 5yo-11yo (BLUE) SINGLE DOSE VIAL (DO NOT DILUTE)	CPT Code:
Route/Dose: 0.3ml IM PEDIATRIC Pfizer	IM Site: Deltoid R _____ L _____ Vastus Lateralis R _____ L _____	Name and title of vaccine administrator: _____

Verify the vials (including labels) prior to preparation for administration to help avoid vaccine administration errors

	Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) Multiple Dose Vial ^a DILUTE BEFORE USE	Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) Single Dose Vial ^a DO NOT DILUTE
Age Group	6 months through 4 years ^a	5 through 11 years ^a
Cap Color & Label Cap colors and labels with matching borders	Yellow 	Blue 
Dose	3 mcg	10 mcg
Dose Volume	0.3 mL	0.3 mL
Dilution	1.1 mL ^b	DO NOT DILUTE
Doses per Vial	Multiple Dose Vial: 3 doses per vial (after dilution)	Single Dose Vial: 1 dose per vial
Storage Conditions^a		
Ultra-Low-Temperature (ULT) Freezer [-90°C to -60°C (-130°F to -76°F)]	18 months ^d	18 months ^d
Freezer [-25°C to -15°C (-13°F to 5°F)]	DO NOT STORE	DO NOT STORE
Refrigerator [2°C to 8°C (35°F to 46°F)]	10 weeks	10 weeks
Room Temperature [8°C to 25°C (46°F to 77°F)]	12 hours prior to first puncture ^f	12 hours prior to use
After First Puncture [2°C to 25°C (35°F to 77°F)]	Discard 12 hours after dilution ^d	N/A

Important Reminder
Previous COVID-19 vaccines are no longer available for use in the United States.¹

FDA and CDC guidance is to check inventory and dispose of previous COVID-19 vaccines according to state and local regulations.


Identify the vial cap color for respective presentation and confirm vial label states "2024-2025 Formula."

Do not refreeze thawed vials.¹

Refer to product labeling for detailed thawing instructions and information related to product handling.

Individuals 6 Months Through 4 Years of Age

Pfizer-BioNTech COVID-19 Vaccination Status¹:

	Number of Previous Doses of Pfizer-BioNTech COVID-19 Vaccine(s) ^a	Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) Dose and Schedule ^b
Multiple Dose Vial 3 mcg per dose (Contains 3 doses) YELLOW cap and label with YELLOW border DILUTE PRIOR TO USE	0 previous doses ^c	3 doses,^d 0.3 mL each Dose 1: Week 0 Dose 2: Week 3 Dose 3: ≥8 weeks after Dose 2
	1 previous dose	2 doses,^d 0.3 mL each Dose 1: 3 weeks after receipt of the previous dose of Pfizer-BioNTech COVID-19 vaccine ^e Dose 2: ≥8 weeks after Dose 1
	≥2 previous doses	Single dose, 0.3 mL ≥8 weeks after receipt of the last previous dose of Pfizer-BioNTech COVID-19 vaccine ^e

¹Previous dose refers to a dose of any prior Pfizer-BioNTech COVID-19 vaccine that is no longer authorized for use in the United States.


^aFor individuals with certain kinds of immunocompromise previously vaccinated with Pfizer-BioNTech COVID-19 vaccines, see page 5 for further dosing information.¹

^cNot previously vaccinated with any COVID-19 vaccine.¹

^eFor individuals turning from 4 to 5 years of age during the vaccination series who have received 1 or 2 doses of Pfizer-BioNTech COVID-19 vaccine, administer a single dose of Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) supplied in vials with blue caps and labels with blue borders, on or after the date the individual turns 5 years of age.¹

Individuals 5 Through 11 Years of Age

Irrespective of COVID-19 Vaccination Status¹:

	Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) Dose and Schedule ^a
Single Dose Vial 10 mcg per dose BLUE cap and label with BLUE border DO NOT DILUTE	Single Dose, 0.3 mL If previously vaccinated, administer the dose ≥2 months after receipt of the last previous dose of COVID-19 vaccine ^b

¹For individuals with certain kinds of immunocompromise, see page 5 for further dosing information.¹

^bPrevious dose refers to a dose of any prior COVID-19 vaccine that is no longer authorized for use in the United States.