



COVID-19 Immunization Screening and Consent Form*: Children and Adolescents Ages 5-11 years old

Recipient Name (please print) Preferred Name
DOB Current Gender ID Key: GNL- Gender not Listed (write-in) NR- Chose not to Respond
Sex Assigned at Birth Key: Marital Status Key:
Address City State Zip Email Address
Parent/Guardian/Surrogate (if applicable, please print) Phone Preferred Language
Ethnicity Ethnicity Key: Race Key:
Clinic/Office Site Where Vaccine is Administered Primary Care Physician Address/Phone Number

Screening Questionnaire table with 12 rows of questions and checkboxes for Yes, No, and Unknown.

Emergency Use Authorization

The FDA has made the COVID-19 vaccines 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.

Consent

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses to be considered fully vaccinated.

I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions).

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine.

Recipient/Surrogate/Guardian (Signature) Date/Time Print Name Relationship to Patient (if other than recipient)

Telephonic Interpreter's ID # OR Date/Time

Signature: Interpreter Date/Time Print: Interpreter's Name and Relationship to Patient

Area Below to be Completed by Vaccinator table with columns for Vaccine Name, Administration, EUA Fact Sheet Date, and Manufacturer & Lot Number.

I have provided the patient (and/or parent, guardian or surrogate, as applicable) with information about the vaccine and consent to vaccination was obtained.

Vaccinator Signature _____ Date _____