2022 COVID VACCINE CONSENT FORM

Patient's Name: _____ **Patient's Date of Birth:** _____

I want to receive the following immunization: ☐ COVID-19 Vaccine

The following questions will help us determine your child's eligibility to be vaccinated today:

IMMUNIZATION SCREENING QUESTIONNAIRE	
1. Is the patient moderately or severely ill (with or without fever)?	Yes ☐ No ☐
2. Has the patient already received the COVID vaccine?	Yes ☐ No ☐
3. Has this person had a servere allergic reaction to any component of any of the Pfizer COVID-19 vaccine? For list of Pfizer vaccine components, please refer to the Emergency Use Authorization (EUA)	Yes ☐ No ☐
4. Has this patient received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of the COVID-19 treatment within the past 90 days?	Yes ☐ No ☐
5. Is the patient pregnant? 6. Is the patient breastfeeding?	Yes ☐ No ☐ Yes ☐ No ☐

Vaccine Information Sheet:

6months through 4 years **5-11** **12 and up**

Per CDC guidelines: CDC currently recommends 30 minutes of observation following the administration of the COVID-19 vaccine for people with a history of an immediate allergic reaction of any severity to another vaccine or injectable therapy, or for people with a history of anaphylaxis due to any cause. The observation period for other persons is 15 minutes. You may choose to wait in the waiting room or in your car. Please let us know if you have any concerns during your waiting period.

I understand the benefits and risks of all vaccines to be given today. I asked that the vaccine(s) checked above be given to me or to the person named above for whom I am authorized to make this request. I fully release and discharge, Leawood Pediatrics, its affiliates, officers, directors, and employees from any liability related to the administration of these vaccines. I consent to inclusion of this immunization data in the Kansas Immunization Registry for myself or on behalf of the person named above.

Patient/Guardian Signature: _____ Date: _____

If legal guardian, print name: _____

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