



Covid-19

Immunization Form

MINOR USE ONLY

CAIR# _____
 Vaccination Location: _____

Patient Name: _____ Race/Ethnicity: _____
Last First M.I. Alias/"AKA"

Birthdate: _____ Age: _____ Gender: F M Other: _____ Phone: _____

Address: _____

Mother's First Name and Maiden Name: _____

Primary Email Address: _____

| Medical Screening | Circle one | | If yes, explain |
|---|------------|----|-----------------|
| Contraindications: | | | |
| 1. Have you ever had a severe allergic reaction to any substance requiring epinephrine? | Yes | No | |
| 2. Have you ever had an allergic reaction to any ingredients in the vaccine? | Yes | No | |
| Precautions: | | | |
| 1. Do you feel sick today or have a fever? | Yes | No | |
| 2. Do you have any allergies? | Yes | No | |
| 3. Do you have a bleeding disorder or are on a blood thinner? | Yes | No | |
| 4. Are you immunocompromised or are you on a medicine that affects your immune system? | Yes | No | |
| 5. Are you pregnant, plan to become pregnant, or are you breastfeeding? | Yes | No | |

VACCINE ADMINISTRATION CONSENT SIGNATURE FOR MINORS AGED 12 AND UP

I am the parent or legal guardian of the Patient. I have reviewed the Covid-19 EUA Factsheet. I had an opportunity to ask questions which were answered to my satisfaction. I understand the risks of the vaccine and request that the vaccine indicated be given to the person named on the registration form for which I am authorized to make this request. By signing below, I hereby confirm that the information provided is accurate, correct, and complete.

Signature of Patient's Parent/Guardian _____ Date _____

Name of Patient's Parent/Guardian (print) _____ Address (if different): _____

Relationship to Patient _____ Phone (if different): _____

| Manufacturer | Lot # | Date Expired | Date Given Time Given | Site (Circle One) | | Given by |
|-----------------|-------|--------------|--------------------------|----------------------|----|----------|
| | | | | RD | LD | |
| Pfizer-BioNTECH | | | | | | |

Vaccinated **OR, not vaccinated due to:** Contraindications Declined