



## COVID -19 Pre-Vaccination Checklist

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

<b>1. Are you feeling sick today?</b>	<b>Yes</b>	<b>No</b>
<b>2. Are you moderately or severely immunocompromised?</b>	<b>Yes</b>	<b>No</b>
<b>3. Have you ever received a dose of COVID-19 vaccine?</b>	<b>Yes</b>	<b>No</b>
<b>a. If yes, which vaccine product did you previously receive?</b> Pfizer; Moderna; J&J; Another product _____		
<b>b. Date of last vaccination/booster</b> _____		
<b>4. Which vaccine product would you like to receive today?</b>		
<input type="checkbox"/> Pfizer Primary 5-11 yrs. Orange 0.2 mL		
<input type="checkbox"/> Pfizer <i>Bivalent Booster</i> 5-11 Orange 0.2 mL		
<input type="checkbox"/> Pfizer Primary 12+ yrs. Gray 0.3 mL		
<input type="checkbox"/> Pfizer <i>Bivalent Booster</i> 12 yrs.+ Gray 0.3 mL		
<b>5. Have you ever had an allergic reaction to (see list below)?</b>		
<b>a. A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures</b>	<b>Yes</b>	<b>No</b>
<b>b. Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids</b>	<b>Yes</b>	<b>No</b>
<b>c. Allergic reaction to a previous dose of COVID-19 vaccine</b>	<b>Yes</b>	<b>No</b>
<b>d. Another vaccine (other than COVID-19 vaccine) or injectable medication?</b>	<b>Yes</b>	<b>No</b>
<b>e. Food, pet, venom, environmental or oral medication allergies?</b>	<b>Yes</b>	<b>No</b>
<b>6. Check all that apply to you:</b>		
<input type="checkbox"/> Am a male between ages 12 and 39 years old?		
<input type="checkbox"/> Have a history of myocarditis or pericarditis.		
<input type="checkbox"/> Received hematopoietic cell transplant (HCT) or CAR-T-cell therapies?		
<input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection.		
<input type="checkbox"/> Have a bleeding disorder or take a blood thinner.		
<input type="checkbox"/> Vaccinated with monkeypox vaccine		

I, the undersigned, have read the Emergency Use Authorization for the COVID-19 Vaccination and HIR Registry Information Sheet. I understand the risks and benefits associated with the COVID-19 vaccine and have had any questions satisfactorily answered. I understand that I require 15 or 30 minutes of observation based on my answers. I voluntarily request that the vaccine be given to me (or my child).

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Signature

if under 18 years of age: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

**For Office Use Only:**

Date/time given: \_\_\_\_\_ Form reviewed/Administered by: \_\_\_\_\_ Observed for 15 min/30 mins.

Vaccine Primary Dose: 1 2 3 (Pfizer [6mos-4yr is Pfizer bivalent for dose 3])

\*Children who previously received a 3-dose monovalent primary series are not authorized to repeat third primary dose w/Pfizer bivalent.

Booster (Pfizer Bivalent 0.3 mL [12+])      Booster (Pfizer Bivalent 0.2 mL [5+])

Site: RD LD      6m-2Y: R Vastus Lateralis L Vastus Lateralis

Vaccine Name/Lot #/Expiration/Dose/Route: *\*Place Sticker Here*

**COVID-19 Vaccine Schedule for ages 6 mos – 4 yrs (Maroon Cap 0.2 mL dose after 2.2 mL diluent)**

	Dose 1	Dose 2	Dose 3	Booster
<u>Not immunocompromised</u>	Monovalent 0.2mL	3-8 wks after 1 <sup>st</sup> dose Monovalent 0.2mL	8wks after 2 <sup>nd</sup> dose Bivalent 0.2mL	<u>Not indicated</u>
<u>Patients who have a compromised immune system</u>	Monovalent 0.2mL	3 wks after 1 <sup>st</sup> dose Monovalent 0.2mL	8 wks after 2 <sup>nd</sup> dose Bivalent 0.2mL	<u>Not indicated</u>

\*Only bivalent Moderna booster dose is authorized for children in this age group who complete a Moderna primary series.

**COVID-19 Vaccine Schedule for ages 5-11 yrs who are NOT moderately or severely immunocompromised**

Pfizer (5-11 yrs.)	1 <sup>st</sup> Dose Monovalent	2 <sup>nd</sup> Dose Monovalent (3-8 wks after 1 <sup>st</sup> dose)	Booster dose (bivalent) 2 months after the 2 <sup>nd</sup> dose or after last monovalent booster dose
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**COVID-19 Vaccine Schedule for children who are moderately or severely immunocompromised**

Pfizer (5-11 yrs.)	1 <sup>st</sup> Dose (Monovalent)	2 <sup>nd</sup> Dose Monovalent (3 wks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> Dose Monovalent (4 wks after 2 <sup>nd</sup> dose)	Booster dose (bivalent) 2 mo after 3 <sup>rd</sup> dose or after last monovalent booster dose.
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**COVID-19 Vaccine Schedule for people who are NOT moderately or severely immunocompromised**

Pfizer (12+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (3-8 wks after 1 <sup>st</sup> dose)	Bivalent booster dose (2months after 2 <sup>nd</sup> dose or monovalent booster dose)
Moderna(12+yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (4-8 wks after 1 <sup>st</sup> dose)	Bivalent booster dose (2months after 2 <sup>nd</sup> dose or monovalent booster dose)
J&J (18+ yrs)	1 <sup>st</sup> Dose		Bivalent booster dose (2months after 2 <sup>nd</sup> dose or monovalent booster dose)

**COVID-19 Vaccine Schedule for people who are moderately or severely immunocompromised.**

Pfizer (12+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (3 wks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> Dose (4 wks after 2 <sup>nd</sup> dose)	Bivalent booster dose (2months after 3 <sup>rd</sup> dose or monovalent booster)
Moderna (12+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (4 wks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> Dose (4 wks after 2 <sup>nd</sup> dose)	Bivalent booster dose (2months after 3 <sup>rd</sup> dose or monovalent booster)
J&J (18+ yrs)	1 <sup>st</sup> Dose	2 <sup>nd</sup> w/mRNA vaccine 4 wks after 1 <sup>st</sup> dose		Bivalent booster dose (2months after 3 <sup>rd</sup> dose or monovalent booster)