State of New York
County of Broome Government Offices

Broome County Health Department

Jason T. Garnar, County Executive · Rebecca A. Kaufman, MS, Director of Public Health

COVID-19 Immunization Screening & Consent Form

Child's First Name		Child's Last Name		Sex Assigned at Birth	
High School					
Date of Birth		Race		Ethnicity	___ Hispanic ___ Non-Hispanic
Address				Apt #	
City		State		Zip	
Parent/Guardian Name			Parent/Guardian Phone #		
Parent/Guardian Email Address					

Screening Questionnaire		
		Circle Response
1	Is your child feeling sick?	**Yes/No**
2	In the last 10 days, has your child had a COVID-19 test or been told by a healthcare provider or health department to isolate at home due to COVID-19 infection?	**Yes/No**
3	In the last 10 days, has your child been told by a healthcare provider or health department to quarantine at home due to COVID-19 exposure or travel?	**Yes/No**
4	Has your child been treated with antibody therapy or convalescent plasma for COVID-19 in the past 90 days (3 months)?	**Yes/No**
5	Has your child ever had an immediate allergic reaction, such as hives, facial swelling, difficulty breathing or anaphylaxis, to any vaccine or shot or to any component of the COVID-19 vaccine, such as polyethylene (PEG) or polysorbate?	**Yes/No**
6	Has your child had any vaccines in the past 14 days (2 weeks) including the flu shot?	**Yes/No**
7	Does your child have cancer, leukemia, a history of autoimmune disease or any other condition that weakens the immune system?	**Yes/No**
8	Does your take any medications that affects their immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?	**Yes/No**
9	Does your child have a bleeding disorder or are you taking a blood thinner?	**Yes/No**
10	Has your child received a previous dose of COVID-19 vaccine?	**Yes/No**

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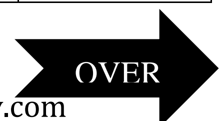

Emergency Use Authorization

The FDA has made the COVID-19 vaccine 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. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Consent

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my child's vaccine requires two doses, they will need two doses of this vaccine in order for it to be effective. 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 understand the benefits and risks of the vaccination as described.

I consent to my child receiving the Pfizer COVID-19 vaccine as being provided by the Broome County Health Department. I understand there will be no cost to me for this vaccine. I understand that vaccine administered under the Broome County Health Department will not be billed to my insurance provider.

____

Child's Name

____

Parent/Guardian Signature Printed Name Date

<table>
<tr><th colspan="8">AREA BELOW TO BE COMPLETED BY VACCINATOR</th></tr>
<tr><td>Date of 1st Dose</td><td></td><td>Vaccine Name</td><td></td><td>Lot</td><td></td><td>EUA Fact Sheet Date</td><td></td></tr>
<tr><td>Administration Site</td><td colspan="2">___ Left Deltoid
___ Right Deltoid</td><td>Administered by</td><td colspan="2"></td><td>Entered in CDMS</td><td>Yes/NO</td></tr>
<tr><th colspan="8">****COMPLETE ALL BOXES****</th></tr>
<tr><td>Date of 2st Dose</td><td></td><td>Vaccine Name</td><td></td><td>Lot</td><td></td><td>EUA Fact Sheet Date</td><td></td></tr>
<tr><td>Administration Site</td><td colspan="2">___ Left Deltoid
___ Right Deltoid</td><td>Administered by</td><td colspan="2"></td><td>Entered in CDMS</td><td>Yes/NO</td></tr>
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