

COVID-19 Pfizer Comirnaty Vaccination Consent Form



CHILD (From 5-11 years)

Name: _____ Age: _____
First Name Middle Name Surname

Date of Birth: ____ / ____ / ____ Male Female Prefer to self-describe _____ Prefer not to say

Address: _____ Suburb: _____ Post Code: _____

Aboriginal Aboriginal & Torres Strait Islander Torres Strait Islander Non-Indigenous

Parent/guardian/other person contact number: _____ Email: _____

Medicare: Ref No: **VACCINATION LOCATION:** _____

Pre-Vaccination Checklist: to be completed by the parent/legal guardian/other person.

Stating yes or unsure to any of these questions may not prevent the child from being vaccinated, but will prompt discussion with the health professional.

Please tick and provide further information as needed

	YES	NO	UNSURE
1. Has this child had a severe reaction to any vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does this child have any severe allergies or anaphylaxis to anything, have a mast cell disorder, carry or have been prescribed an adrenaline auto-injector (e.g. EpiPen or Emerade)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is this child allergic to polyethylene glycol, polysorbate 80 or any other COVID-19 vaccine ingredient*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this child ever had abnormal blood clots in veins of your spleen, abdominal organs or brain or elsewhere; problems with the drug heparin; capillary leak syndrome or; antiphospholipid syndrome?			N/A to paediatric 5-11 year Pfizer vaccine
5. Does this child suffer from severe heart failure, or does the child have a history of inflammatory heart disease (myocarditis, pericarditis, endocarditis, acute rheumatic fever or acute rheumatic heart disease) that has occurred in the last 6 months or that was attributed to a previous dose of an mRNA vaccine (Pfizer or Moderna)? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this child currently unwell or do they have a fever?	<input type="checkbox"/>	<input type="checkbox"/>	-
7. Has this child had a COVID-19 vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has this child had any other vaccine in the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has this child had any injections/infusions (including immunoglobulins) or transfusions of blood products in the previous 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does this child have a condition or take medication or treatment that weakens their immune system (immunocompromised)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Pfizer-Comirnaty BNT162b2 [mRNA] COVID-19 Vaccine includes the following paediatric formulation: ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diy)bis(2-hexyldecanoate) (ALC-0315), 2-[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide (ALC-0159), Distearoylphosphatidylcholine (DSPC), Cholesterol, distearoylphosphatidylcholine, sucrose, trometamol, Water for injection.

Parent/legal guardian/other person consent:

I acknowledge that:

- I have read and understood the 'COVID-19 vaccination information for children aged 5-11years' (SWPI9475) available which includes details regarding all real and potential side effects associated with having the COVID-19 vaccination.
- I understand vaccination details will be recorded by Queensland Health and provided to the Australian Immunisation Register (AIR) and this information may be used by Queensland Health for recall, reminders, clinical follow up; or disease prevention, control and monitoring; or as otherwise authorised by or required by law.
- I am aware I can discuss the benefits and risks of this child receiving COVID-19 vaccination by telephoning 134 COVID (13 42 68) or by speaking with my doctor.
- I understand that consent can be withdrawn at any time before vaccination.
- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child for this treatment.

On the basis of the above statements, I hereby give consent for this child to receive the recommended doses of COVID-19 vaccine.

Name of parent/legal guardian/other person:	
Signature:	Date: / /