Pfizer-BioNTech COVID-19 Vaccine CONSENT 2021

Hospital/Clinic Location: Grand Itasca Clinic & Hospital

grand itasca Clinic & Hospital | *Part of Fairview Health Services*

Last Name (Print Legibly) _____ Legal First Name _____

Date of Birth _____ Age on date of vaccination* _____

***Note: If patient is under the age of 18 on date of vaccination, must have guardian's written consent*
** NOTE: Individual must be 5+ years of age on date of Pfizer-BioNTech COVID-19 Vaccine*

1 Are you 5 years of age or older, if receiving the initial series, or 18 years of age or older if receiving a booster? **Yes** **No**

2. Which dose in this series are you receiving? **First** **Second** **Third (Immunocompromised)** **Booster**

3. If receving a second dose, has it been more than 17 days since your first dose? Or, if receiving the immunocompromised third dose, has it been more than 28 days since receiving the second Pfizer vaccine? Or, if receiving the booster dose, has it been more than 6 months since receiving the second Pfizer vaccine? **Yes** **No**

4. Have you had a previous severe allergic reaction (anaphylaxis) after any vaccine or shot? **Yes** **No**

5. Have you ever been told you have an allergy to polysorbate, polyethyleneglcol (PEG) or any ingredient of the COVID-19 vaccine? **Yes** **No**

6. Have you been *diagnosed* with a COVID-19 infection in the last 14 days and are still in quarantine? **Yes** **No**

7. Have you received antibodies or plasma to treat COVID-19 in the past 90 days? **Yes** **No**

8. Have you been in *contact* with someone diagnosed with COVID-19 in the last 14 days and are still in quarantine? **Yes** **No**

9. Are you feeling sick today? **Yes** **No**

10. Have you had COVID with MISA (Multisystem Inflammatory Syndrome in Adults) or MISC (Multisystem Inflammatory Syndrome in Children) in the past 90 days? **Yes** **No**

ACKNOWLEDGMENT: I have been offered, read or have had explained to me the Pfizer-BioNTech COVID-19 Vaccine Fact Sheet dated 10/29/2021 about COVID-19 and the COVID-19 vaccine. I have had a chance to ask questions which were answered to my satisfaction. My election below is based upon my belief that I understand the benefits and risks of the Pfizer-BioNTech COVID-19 vaccine. **Initial here:** _____

Signature of person receiving vaccine or Signature of guardian and relationship (if person receiving vaccine is <18 years of age):

X_____ Date of Consent: _____

<table>
<tr><th>Vaccine:</th><th>Manufacturer:</th><th>Lot #:</th><th>Expiration Date:</th></tr>
<tr><td>☐ Pfizer-BioNTech COVID-19 Vaccine (age 12+) 0.3 ml
☐ Pfizer-BioNTech COVID-19 Vaccine (age 5-11) 0.2 ml</td><td>Pfizer-BioNTech</td><td></td><td></td></tr>
<tr><td>Check site: ☐ Left Deltoid ☐ Right Deltoid</td><td colspan="2">Pfizer-BioNTech COVID-19 Vaccine Fact Sheet
Date: 10/29/2021</td><td>Route: IM
Refer to PMD for alternate site requests</td></tr>
<tr><td rowspan="2">Date Vaccine Given:</td><td colspan="2">Pfizer-BioNTech COVID-19 Immunization Administered by (legible signature, first & last name):</td><td rowspan="2">(Circle)
RN LPN CMA RPh
MD PA</td></tr>
<tr><td colspan="2">Employee Vaccinator ID Number:</td></tr>
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Updated 11/5/21