

Subject: 5-11yr COVID SHOT PRE-REGISTRATION

Please note that COVID vaccine for children ages 5-11 is not yet available but is expected soon. This pre-registration tool will help us to better understand the level of interest in the vaccine. We will use this information to make the process as efficient as possible. Thank you in advance for your patience as we learn and adjust to meet the need. Please note that appointments for the pediatric COVID vaccine will *not be made* until we have a clear idea of when we will have a supply of the vaccine.

TO PRE-REGISTER YOUR 5-11 YEAR OLD FOR COVID VACCINE, please complete the questionnaire below. We are currently an approved Pfizer COVID vaccination site. We have been administering adult Pfizer vaccine (including booster shots) to patients ages 12 and older. We can also administer the vaccine to family and community members. Again, while this is *not final*, we anticipate supply of the pediatric vaccine to occur in November 2021. We will contact you for scheduling once we have received the vaccine. We will also provide links to alternate vaccination sites for children (such as pharmacies or school-based clinics).

NAME AND BIRTHDATE OF CHILD (complete ONE screening questionnaire for each child aged 5-11 yrs)

(1) Is your child currently sick

- YES
 NO

(2) HAS YOUR CHILD EVER RECEIVED A COVID VACCINE

- YES
 NO (SKIP TO QUESTION 3)
 DON'T KNOW/PART OF A RANDOMIZED TRIAL

(2a) IF YES, WHICH VACCINE

- PFIZER
 MODERNA
 JOHNSEN
 ASTRAZENICA
 NOVAVAX
 OTHER
 N/A

(2b) IF YES, HOW MANY DOSES?

- 1

- 2
- 3
- DON'T KNOW
- N/A

(2c) ATTACH DOCUMENTATION OF PRIOR DOSES OF COVID VACCINES (unless given at our office)

[Attach a Photo or PDF](#)

FOR QUESTIONS 3&4: Has your child ever had an allergic reaction to the following: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused your child to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or breathing problems--such as wheezing.)

(3a) A component of a COVID-19 vaccine called Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures

- YES
- NO

(3b) A component of a COVID-19 vaccine called Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids

- YES
- NO

(3c) Has your child ever had an allergic reaction to a dose of any COVID VACCINE

- YES
- NO

(4) Has your child ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?

- YES
- NO

(5a) CHECK ANY THAT APPLY TO YOUR 5-11 YEAR OLD CHILD (ROOM TO ELABORATE BELOW)

- History of myocarditis or pericarditis
- Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
- Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
- Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection
- Has a bleeding disorder
- Takes a blood thinner
- Has a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies
- My child is currently pregnant or breastfeeding
- Has received dermal fillers

- My child has a history of Guillain-Barré Syndrome (GBS)
- Has a history of heparin-induced thrombocytopenia (HIT)

(5b) Comments about items checked above or other concerns:

(6) If you believe that your child should be prioritized for the vaccine due to personal or family health risk factors (such as an existing medical condition or an at-risk household member), please explain below:

(7) Next, in another window, copy/paste this link to the current PFIZER EUA FACT SHEET:

<https://www.fda.gov/media/144414/download>. By clicking on the box below, I acknowledge receipt of important information about the Emergency Use Authorization for PFIZER COVID-19 vaccine. Written copies of the updated pediatric version will also be available at your appointment:

- I HAVE REVIEWED THE PFIZER EUA FACT SHEET
- I WILL WANT A PAPER COPY OF THE PFIZER FACT SHEET

(8) INSURANCE: If your child is NOT a patient of Olney Pediatrics, OR--for *existing* patients--your insurance has been updated/changed since your child's last visit, please attach picture of up-to-date insurance card (front and back) below

Attach a Photo or PDF

(9) VISIT DATE/TIME: Appointments will be scheduled once we have a firm delivery date for the pediatric vaccine. We are planning some combination of vaccine clinics--before hours, after hours, and/or on Saturdays. Please state--in order of preference--your availability for vaccine appointments: before hours (8-9 AM), after hours (5-7 PM), or weekends

Send

Attach a Photo or PDF