

Pfizer-BioNTech COVID-19 Vaccine

Beth Israel Lahey Health

Consent for Receipt of COVID-19 Vaccine (Minors age 12 - 17)

The purpose of COVID-19 vaccination is to reduce the risk of infection by the virus that causes Coronavirus Disease 2019 (COVID-19) and lessen the risk of becoming seriously ill should infection occur.

There are two COVID-19 mRNA vaccines approved by the Food and Drug Administration ("FDA") under Emergency Use Authorization ("EUA"). Only the Pfizer-BioNTech COVID-19 Vaccine is approved for people age 12-17. Please review the Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers for complete details on the vaccine and possible side effects from the vaccine.

FDA Fact sheet - www.fda.gov/media/144414/download

Reasons to Delay Vaccination:

- You should not receive the Pfizer-BioNTech vaccine if you have a history of severe allergy or immediate reaction of any kind (e.g., anaphylaxis, difficulty breathing, hives, swelling around the mouth, throat or eyes) to a prior dose of a COVID-19 mRNA vaccine (or any of its components such as polyethylene glycol (PEG) or polysorbate).
- If you have a fever (temperature of 100.4 degrees or higher), chills or any symptoms of COVID-19 infection, you should contact your primary health care provider to consider testing for COVID-19 prior to vaccination.
- If you were recently diagnosed with COVID-19 or are on quarantine due to an exposure, you should wait until your primary health care provider recommends ending isolation or quarantine prior to vaccination.
- If you have received (or may have received in a clinical trial) any of the following for COVID-19 treatment or prevention: a monoclonal antibody (such as Regeneron or Bamlanivimab) or convalescent plasma, you should wait 90 days after this date before getting vaccinated so that the vaccine will be as effective as possible.

Other Considerations Prior to Vaccination:

- If you are pregnant, lactating or planning to become pregnant, we recommend that you have a conversation with your health care provider for any questions about whether vaccination is right for you.
- **If you have a history of immediate allergic reaction (such as anaphylaxis, difficulty breathing, hives or swelling around the mouth, throat or eyes) to any other vaccine or injectable (intramuscular, intravenous or subcutaneous) medication in the past, you must inform us so that the appropriate longer post-vaccination monitoring (30 minutes) may be performed.**

Required Post-Vaccination Observation Period:

You will be monitored for any signs of an allergic reaction immediately after the vaccination (minimum 15 minutes; 30 minutes if prior severe allergic reaction). Some symptoms of allergic reaction are rash, wheezing, difficulty breathing, dizziness and fainting, swelling around the mouth, throat, or eyes. This is not an exhaustive list. Please notify us immediately if you notice any of these symptoms or have any other concerns.

What to Expect After Your COVID-19 Vaccination:

The vaccine may cause side effects in some people, like sore muscles, feeling tired, or mild fever. These reactions mean the vaccine is working to help teach your body how to fight COVID-19 if you are exposed. For most people, these side effects will last no longer than a day or two. **Having these types of side effects does NOT mean that you have COVID-19.** If you have questions about your health after your vaccination, call your primary health care provider. As with any medicine, it is rare but possible to have a serious reaction, such as not being able to breathe. It is very unlikely that this will happen, but if it does, call 911 or go to the nearest emergency room. Please report all vaccine side effects to the FDA/CDC Vaccine Adverse Event Reporting System (VAERS) online, vaers.hhs.gov/reportevent.html, or the VAERS toll-free number (1-800-822-7967). You may also report to the CDC v-safe online tool (vsafe.cdc.gov).

After Your COVID-19 Vaccination:

Even after you get your vaccine, you will need to keep wearing a mask that covers your nose and mouth in certain situations as outlined in the Massachusetts Mask Order (<https://www.mass.gov/info-details/mask-up-massachusetts>) and to clean your hands often. This gives you and others the best protection from catching the virus. Make sure that you schedule your return for your 2nd dose of vaccine. You should return to the SAME vaccine location for your 2nd dose:

- Pfizer-BioNTech – 2nd dose is due in 21 days

Your 2nd dose appointment should be scheduled as close as possible to these dates. If this is not available or possible, please try to book your 2nd appointment within 4 days after your 2nd dose is due. Please avoid other non-urgent vaccinations until 14 days after you've completed your COVID-19 vaccine series.

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Reminder: The vaccine you receive will be listed on a vaccination card provided to you. Please keep this card for your COVID-19 Vaccination Record and bring it to your second vaccination appointment.

Consider enrolling in the CDC v-safe Tool (vsafe.cdc.gov) – a smartphone after vaccination health checker for people who receive COVID-19 vaccines. This tool will provide a symptoms check-in as well as 2nd dose vaccination reminders.

If you have any questions about side effects and whether you should not receive your 2nd dose of the vaccine, please consult with your primary health care provider.

Consent to Receive the COVID-19 Vaccine

The signatures below confirm that we have:

- read (or had read to us) and fully understand the information provided above about the COVID-19 vaccine
- received a copy of the Pfizer-BioNTech COVID-19 Vaccine Emergency Use Authorization Fact Sheet for Recipients and Caregivers and have read the fact sheet
- addressed any medical concerns or questions about contraindications to receiving the vaccine with the minor's personal care provider
- had an opportunity to ask any questions about the vaccine today and have had those questions answered to our satisfaction

Our signatures below authorize the minor child to receive the COVID 19 vaccine.

Full Name of Minor (Please Print):

Date of Birth:

Signature of Parent/Legal Guardian of the minor child

Date:

Relationship of Consenting Person to Minor Child: _____

Certified Interpreter, if utilized: _____