

MR #

DOB

**BASSETT HEALTHCARE NETWORK**

NAME

 BASSETT MEDICAL CENTER **LITTLE FALLS HOSPITAL**

Cooperstown, NY 13326

Little Falls, NY 13365

 A.O. FOX HOSPITAL **O'CONNOR HOSPITAL**

Oneonta, NY 13820

Delhi, NY 13753

DATE

 COBLESKILL REGIONAL HOSPITAL

Cobleskill, NY 12043

**COVID-19 IMMUNIZATION SCREENING
AND CONSENT FORM:
CHILDREN AGES 5-11 YEARS OLD**

H-3148 11/21 (d/forms/hosp\ofm)

Health Center: _____

Patient Name (please print)	Date of Birth
Phone Number	Medical Record Number
Address	Mother's Maiden Name (First & Last)

SCREENING QUESTIONS

Is your child between the ages of 5 and 11 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child 12 years old or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child feeling sick today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 10 days, has your child had a COVID-19 test because they had symptoms and are still awaiting their test results or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has your child been treated with antibody therapy or convalescent plasma for COVID-19 in the past 90 days (3 months)? If yes, when did they receive the last dose? Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has your child ever had an immediate allergic reaction (e.g. hives, facial swelling, difficulty breathing, anaphylaxis) to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does your child have cancer, leukemia, HIV/AIDS, or any other condition that weakens the immune system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does your child take any medications that affect their immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have they had any radiation treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does your child have a bleeding disorder, a history of blood clots or are they taking a blood thinner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does your child have a history of myocarditis (Inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has your child received a previous dose of the Pfizer, Moderna, or Janssen vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child received a previous dose of a COVID-19 vaccine authorized by the WHO but not by the FDA (AstraZeneca – VAXEVRIA, Sinovac-CORONAVAC, Serum Institute of India-COVISHIELD, Sinopharm/BIBP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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. Please note: FDA approved the Pfizer-BioNTech COVID-19 vaccine as a two-dose series in individuals 16 years of age and older. The vaccine continues to be available under an EUA for certain populations, including for those individuals 5 through 15 years of age and for the administration of a third dose in the populations set forth in the consent section below.

