



## Bassett Healthcare Network School-Based Health

January 2022

Dear Parents and Families:

The Center for Disease Control and the American Academy of Pediatrics is recommending that those individuals 12 years of age and older who have received the two doses of Pfizer SARS-COVID vaccine should now receive a **Booster Immunization** to provide the best protection against the COVID disease.

The booster doses are now available at School-Based Health Centers (SBHC), please read the enclosed information sheets and sign and return the consent form.

- If you would like to be present for your child's shot, please call to schedule an appointment and bring the permission for with you – **SBHCs will have extra hours outside of the normal school hours** at all of our SBHC sites. Please contact your SBHC site for more details on this.
- We need current enrollment and a permission form for each child to be vaccinated. If you have not yet enrolled your child in the School-Based Health Program, or you haven't filled out the updated enrollment forms for the 2021-2022 school year, please contact your SBHC.
- If you do **not** want your child to receive the SARS-COVID vaccine, do **not** return the consent form.

For more information about the COVID-19 vaccines, go to <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>. Please call your child's SBHC with any questions or concerns.

Monica Brane, MD FAAP  
Chief of Pediatrics  
Bassett Healthcare Network

Chris Kjolhede, MD, MPH  
Bassett Healthcare Network  
School-Based Health

Kerri LeBlanc, MD  
Bassett Healthcare Network  
School-Based Health



*Easy access to quality health care for kids*

One Atwell Road • Cooperstown, New York 13326

Ph 1-844-255-7242 • Web [www.bassett.org](http://www.bassett.org)

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NAME

## COVID-19 IMMUNIZATION SCREENING AND CONSENT FORM 12 YEARS AND OLDER (SCHOOL-BASED HEALTH)

DATE

H-11515 1/22 (d/forms/hosp).docx)

Health Center: \_\_\_\_\_

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

### SCREENING QUESTIONS

1. Is your child feeling sick today? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Does your child have a bleeding disorder, a history of blood clots or is your child taking a blood thinner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
2. In the last 10 days, has your child had a COVID-19 test because he/she 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"/> Unk		9. 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"/> Unk	
3. Has your child been treated with antibody therapy for COVID-19 in the past 90 days (3 months)? If yes, when did your child receive the last dose? Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		10. Is your child 12 years old or older, and has he/she received 2 doses of the Pfizer vaccine, the second dose being at least 5 months ago? Date of 2 <sup>nd</sup> dose (if applicable) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. 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"/> Unk		11. Has your child received 2 doses of the Moderna vaccine, the second dose being at least 5 months ago? Date of 2 <sup>nd</sup> dose (if applicable) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is your child pregnant or considering becoming pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		12. Has your child received a previous dose of the Janssen vaccine, at least 2 months ago? Date of 1 <sup>st</sup> dose (if applicable) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does your child have cancer, leukemia, HIV/AIDS, a history of autoimmune disease, or any other condition that weakens the immune system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		13. If your child had a previous dose of Janssen (Johnson & Johnson), did he/she develop thrombosis with thrombocytopenia syndrome (TTS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
7. Does your child take any medications that affect his/her immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or has your child had any radiation treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Has your child received a previous dose of a non-FDA authorized or approved COVID-19 vaccine authorized by the WHO1 but not by the FDA (AstraZeneca – VAXZEVRIA, Sinovac – CORONAVAC, Serum Institute of India – COVISHIELD, Sinopharm/BIBP, COVAXIN, Novavax – Covovax, Nuvaxovid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Questions #10-14 pertain to booster dose eligibility.**

<sup>1</sup>As set forth in the CDC's Emergency Use Instructions, a non-FDA authorized or approved COVID-19 vaccine such as those vaccines "listed for emergency use by the World Health Organization, or is included in CDC's Technical Instructions for Implementing Presidential Proclamation Advancing Safe Resumption of Global Travel During the COVID-19 Pandemic and CDC's Order, or that is a non-placebo part of a clinical trial within or outside the United States that is a WHO-EUL COVID-19 vaccine or a vaccine that is not listed for emergency use by WHO but for which a U.S. data and safety monitoring board or equivalent has independently confirmed efficacy in the United States (hereinafter 'non-FDA authorized or approved COVID-19 vaccines')".

### 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.

Patient Name \_\_\_\_\_  
Bassett Healthcare Network

MR # \_\_\_\_\_ H-11515 pg. 2 (d:\forms\hosp1.ofm)  
**COVID-19 IMMUNIZATION SCREENING AND CONSENT FORM**  
**12 YEARS AND OLDER (SCHOOL-BASED HEALTH)**

### Emergency Use Instruction

Emergency Use Instructions (EUIs) are issued by the CDC to provide information about emergency use of FDA-approved medical products that may not be included in or differ in some way from the information provided in the FDA-approved labeling (package insert). The COVID-19 vaccine by Pfizer-BioNTech is an FDA-approved COVID-19 vaccine (brand name Comirnaty, mRNA) to prevent COVID-19 in persons 16 years of age and older. CDC is issuing EUI to provide information about use of this vaccine as an additional primary dose in certain immunocompromised persons (12 years of age and older) and a booster dose in certain adults (18 years of age and older) who received certain non-FDA authorized or approved COVID-19 vaccine (e.g., certain vaccines available outside of the United States or from clinical trial participation).

### Consent

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my child's vaccine requires two doses, he/she will need to be administered (given) two doses to be considered fully vaccinated. Further, I understand that a booster dose of COVID-19 vaccine is recommended at least 2 months following the first dose of Janssen vaccine (if my child is age 18 or older), or at least 5 months following the second dose of Pfizer-BioNTech (if my child is age 12 or older) or Moderna COVID-19 vaccine (if I am age 18 or older), to increase my protection.

I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

\_\_\_\_\_  
Recipient OR Parent/Guardian (Signature)      Date      Time      Print Name

Area Below to be Completed by Vaccinator					
Vaccine Name	Dose	Date	EUA Fact Sheet Date	Site	Lot Number:
<b>COVID-19</b>	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Booster			<input type="checkbox"/> Left <input type="checkbox"/> Right Deltoid	
<input type="checkbox"/> Moderna 0.5mL <input type="checkbox"/> Pfizer 0.3 mL <input type="checkbox"/> J&J (Janssen) 0.5 mL <input type="checkbox"/> Moderna 0.25 mL				<input type="checkbox"/> Left <input type="checkbox"/> Right Thigh	

I have reviewed side effects with patient (and parent, guardian or surrogate, as applicable). I confirm that the patient (and their surrogate, if applicable) was given an opportunity to ask questions about the vaccination, and all the questions asked by them (and/or their surrogate) have been answered correctly and to the best of my ability.

Registered Nurse/Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vaccinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
ABOUT COMIRNATY (COVID-19 VACCINE, mRNA)  
AND THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS  
DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS 12 YEARS OF AGE AND  
OLDER**

**FOR 12 YEARS OF AGE AND OLDER**

**You are being offered either COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.**

**This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine and also includes information about the FDA-licensed vaccine, COMIRNATY (COVID-19 Vaccine, mRNA) for use in individuals 12 years of age and older.**

**The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine authorized for Emergency Use Authorization (EUA) for individuals 12 years of age and older, when prepared according to their respective instructions for use, can be used interchangeably.<sup>1</sup>**

**COMIRNATY (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by Pfizer for BioNTech. It is approved as a 2-dose series for prevention of COVID-19 in individuals 16 years of age and older. It is also authorized under EUA to provide:**

- a 2-dose primary series to individuals 12 through 15 years of age;**
- a third primary series dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise;**
- a single booster dose to individuals 12 years of age and older who have completed a primary series with Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY (COVID-19 Vaccine, mRNA); and**
- a single booster dose to individuals 18 years of age and older who have completed primary vaccination with a different authorized COVID-19 vaccine. The booster schedule is based on the labeling information of the vaccine used for the primary series.**

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<sup>1</sup> When prepared according to their respective instructions for use, the FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the EUA-authorized Pfizer-BioNTech COVID-19 Vaccine for individuals 12 years of age and older can be used interchangeably without presenting any safety or effectiveness concerns.

**The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide:**

- **a 2-dose primary series to individuals 12 years of age and older;**
  - **a third primary series dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise;**
  - **a single booster dose to individuals 12 years of age and older who have completed a primary series with Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY (COVID-19 Vaccine, mRNA); and**
  - **a single booster dose to individuals 18 years of age and older who have completed primary vaccination with a different authorized COVID-19 vaccine. The booster schedule is based on the labeling information of the vaccine used for the primary series.**
- 

This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. Talk to your vaccination provider if you have questions.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see [www.cvdvaccine.com](http://www.cvdvaccine.com).

## **WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

### **WHAT IS COVID-19?**

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness leading to death. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

### **WHAT IS COMIRNATY (COVID-19 VACCINE, mRNA) AND HOW IS IT RELATED TO THE PFIZER-BIONTECH COVID-19 VACCINE?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine, when prepared according to their respective instructions for use, can be used interchangeably.

For more information on EUA, see the **"What is an Emergency Use Authorization (EUA)?"** section at the end of this Fact Sheet.

## **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE VACCINE?**

**Tell the vaccination provider about all of your medical conditions, including if you:**

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine
- have ever fainted in association with an injection

## **HOW IS THE VACCINE GIVEN?**

The Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY (COVID-19 Vaccine, mRNA) will be given to you as an injection into the muscle.

**Primary Series:** The vaccine is administered as a 2-dose series, 3 weeks apart. A third primary series dose may be administered at least 4 weeks after the second dose to individuals who are determined to have certain kinds of immunocompromise.

**Booster Dose:**

- A single booster dose of the vaccine may be administered at least 5 months after completion of a primary series of the Pfizer-BioNTech COVID-19 Vaccine or COMIRNATY (COVID-19 Vaccine, mRNA) to individuals 12 years of age and older.
- A single booster dose of the vaccine may be administered to individuals 18 years of age and older who have completed primary vaccination with a different authorized COVID-19 vaccine. Please check with your healthcare provider regarding timing of the booster dose.

The vaccine may not protect everyone.

## **WHO SHOULD NOT GET THE VACCINE?**

You should not get the vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

## **WHAT ARE THE INGREDIENTS IN THE VACCINES?**

COMIRNATY (COVID-19 Vaccine, mRNA) and the authorized formulations of the vaccine include the following ingredients:

- mRNA and lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol).

Pfizer-BioNTech COVID-19 vaccines for individuals 12 years of age and older contain 1 of the following sets of additional ingredients; ask the vaccination provider which version is being administered:

- potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose

OR

- tromethamine, tromethamine hydrochloride, and sucrose

COMIRNATY (COVID-19 Vaccine, mRNA) contains 1 of the following sets of additional ingredients; ask the vaccination provider which version is being administered:

- potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose

OR

- tromethamine, tromethamine hydrochloride, and sucrose

### **HAS THE VACCINE BEEN USED BEFORE?**

Yes. In clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the vaccine. Data from these clinical trials supported the Emergency Use Authorization of the Pfizer-BioNTech COVID-19 Vaccines and the approval of COMIRNATY (COVID-19 Vaccine, mRNA). Millions of individuals have received the vaccine under EUA since December 11, 2020. The vaccine that is authorized for use in individuals 12 years of age and older includes two formulations; one that was studied in clinical trials and used under EUA, and one with the same mRNA and lipids but different inactive ingredients. The use of the different inactive ingredients helps stabilize the vaccine under refrigerated temperatures and the formulation can be administered without dilution.

### **WHAT ARE THE BENEFITS OF THE VACCINE?**

The vaccine has been shown to prevent COVID-19.

The duration of protection against COVID-19 is currently unknown.

### **WHAT ARE THE RISKS OF THE VACCINE?**

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to 1 hour after getting a dose of the vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine, more commonly in males under 40 years of age than among females and older males.

In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with the vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- decreased appetite
- diarrhea
- vomiting
- arm pain
- fainting in association with injection of the vaccine

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.

### **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include either "COMIRNATY (COVID-19 Vaccine, mRNA)" or "Pfizer-BioNTech COVID-19 Vaccine EUA", as appropriate, in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
<a href="http://www.pfizersafetyreporting.com">www.pfizersafetyreporting.com</a>	1-866-635-8337	1-800-438-1985

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

#### **WHAT IF I DECIDE NOT TO GET COMIRNATY (COVID-19 VACCINE, mRNA) OR THE PFIZER-BIONTECH COVID-19 VACCINE?**

Under the EUA, it is your choice to receive or not receive the vaccine. Should you decide not to receive it, it will not change your standard medical care.

#### **ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES COMIRNATY (COVID-19 VACCINE, mRNA) OR THE PFIZER-BIONTECH COVID-19 VACCINE?**

Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

#### **CAN I RECEIVE THE COMIRNATY (COVID-19 VACCINE, mRNA) OR PFIZER-BIONTECH COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?**

Data have not yet been submitted to FDA on administration of COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine at the same time with other vaccines. If you are considering receiving COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine with other vaccines, discuss your options with your healthcare provider.

#### **WHAT IF I AM IMMUNOCOMPROMISED?**

If you are immunocompromised, you may receive a third dose of the vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate.

#### **WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

## **WILL THE VACCINE GIVE ME COVID-19?**

No. The vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


## **KEEP YOUR VACCINATION CARD**

When you get your first dose, you will get a vaccination card to show you when to return for your next dose(s) of the vaccine. Remember to bring your card when you return.

## **ADDITIONAL INFORMATION**

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
<a href="http://www.cvdvaccine.com">www.cvdvaccine.com</a> 	1-877-829-2619 (1-877-VAX-CO19)

## **HOW CAN I LEARN MORE?**

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

## **WHERE WILL MY VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

## **CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?**

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources & Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

**WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?**

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

**WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

**WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

This EUA for the Pfizer-BioNTech COVID-19 Vaccine and COMIRNATY (COVID-19 Vaccine, mRNA) will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.



Manufactured by  
Pfizer Inc., New York, NY 10017

**BIONTECH**

Manufactured for  
BioNTech Manufacturing GmbH  
An der Goldgrube 12  
55131 Mainz, Germany

LAB-1451-15.1

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Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

GDTI: 0886983000332

