WILLOWS PEDIATRIC GROUP
PFIZER-BioNTech COVID VACCINE
ADMINISTRATION SHEET

Patient Name:_____ _____ DOB:_____ Age Today:_____
(one sheet per child) First Last MM/DD/YYYY

Guarantor Name: _____
(Adult's name who holds the insurance coverage)

Primary Provider in Office: _____

If the patient is not accompanied by the Parent/Guardian, then a written note from the parent giving permission to give the vaccine is required.

The following questions are about the child receiving the vaccine today:

Do you currently or have you in the past 14 days: had a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea?

YES NO

Have you tested positive for COVID-19 within the last 14 days?

YES NO

Has the patient had a COVID vaccine before?

YES NO

Please check all that apply to the child receiving the vaccine today:

- ☐ Had a severe or immediate allergic reaction to any vaccine or injectable therapy
- ☐ Had a severe or immediate allergic reaction to a prior COVID vaccine
- ☐ Had a severe or immediate allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies?
- ☐ Have a bleeding disorder or take blood thinners
- ☐ Have an allergy to Polyethylene Glycol (PEG)
- ☐ Had COVID-19 and were treated with monoclonal antibodies or convalescent serum in the past 90 days
- ☐ Are taking short-term oral steroids
- ☐ Have a history of myocarditis or pericarditis

PARENT please sign below that you have read the above, been given the Vaccine Information Statement and have none of the reasons listed for NOT getting the COVID shot today. You give Willows Pediatric Group permission to administer the Pfizer-BioNTech COVID vaccine according to the FDA Emergency Use Authorization (EUA).

_____ _____ _____
Signature Relation to Patient Date

COVID Shot Administration Information:

Lot#: _____ Exp: _____ Site given: _____ Given By: _____