



## Attestation for Administration of COVID-19 Vaccine Per Emergency Use Authorization

Patient Full Legal Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

1. Are you/your child feeling sick today?  Yes  No  Don't Know  
2. Has today's vaccine recipient ever received a dose of COVID-19 Vaccine?  Yes  No  Don't Know

If yes, which vaccine product?  Pfizer  Moderna  Johnson & Johnson  Another product

3. Have you/your child ever had an allergic reaction to: (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)
- a. A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures  Yes  No  Don't Know
- b. Polysorbate  Yes  No  Don't Know
- c. A previous dose of COVID-19 vaccine  Yes  No  Don't Know
4. Have you/your child ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you/your child to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)  Yes  No  Don't Know
5. Have you/your child ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.  Yes  No  Don't Know
6. Have you/your child received any vaccine in the last 14 days?  Yes  No  Don't Know
7. Have you/your child received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?  Yes  No  Don't Know
8. Do you/your child have a weakened immune system caused by something such as HIV infection or cancer or taking immunosuppressive drugs or therapies?  Yes  No  Don't Know

I understand that the COVID-19 vaccine I am receiving is being administered to me/my child pursuant to a U.S. Food and Drug Administration Emergency Use Authorization (EUA). I (or my legal surrogate decision maker) have received and read the EUA Fact Sheet for recipients of this vaccine, which fully explains to me the risks and benefits of receiving this vaccine. I agree that Pediatric Associates, PSC has not made any guarantees to me about the result(s) of this vaccination, and I understand that side effect(s) may be experienced after receiving this vaccine. I acknowledge that I have been advised to remain near the vaccination location for at least 15 minutes after administration for observation. If I/my child experience a severe reaction, I will call 9-1-1 or go to the nearest hospital. I further understand that this vaccine may be administered as a 2-dose series, and I agree that I will promptly schedule my second-dose appointment. I agree that it is my personal decision to receive this EUA COVID-19 vaccine, and I give Pediatric Associates, PSC permission to administer this vaccine to me/my child. By signing below, I further confirm that: I have read this Attestation or had it effectively communicated to me; any questions I may have had about it or the vaccine document(s) provided to me by Pediatric Associates, PSC have been answered to my satisfaction; I understand and accept all terms of this Attestation; I am the individual identified, above, or his/her authorized personal representative; I am at least 18 years of age; and that I have signed this Attestation voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_