

ACKNOWLEDGEMENTS (INITIAL EACH STATEMENT):

_____ Prior to vaccination, I was given a copy of the FDA's *Fact Sheet for Recipients and Caregivers* in connection with the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine or was directed to the FDA's COVID-19 vaccination website at: [Pfizer-BioNTech COVID-19 Vaccine | cvdvaccine.com](https://www.fda.gov/covid19/vaccine).

_____ FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine for children under 16 years old.

_____ The recipient has the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine.

_____ The significant known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine, and the extent to which such risks and benefits are unknown, have been disclosed to me. Information about available alternative vaccines and the risks and benefits of those alternatives, to the extent reasonably known, have been disclosed to me.

_____ Pfizer-BioNTech COVID-19 Vaccine is administered intramuscularly as a series of two doses given 3 weeks apart. Recipients must receive both doses of the Pfizer-BioNTech COVID-19 Vaccine to complete vaccination.

_____ Recipient is 5 years of age or older.

_____ Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 Vaccine.

_____ Vaccine may not protect all vaccine recipients.

_____ The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2[(polyethylene glycol)-2000]-N,Nditetradecylacetamide,1,2-Distearoyl-sn-glycero-3-phosphocholine,and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

_____ I have read or have had explained to me the information identified in the FDA's *Fact Sheet for Recipients and Caregivers* regarding the Pfizer-BioNTech COVID-19 Vaccine. I have had an opportunity to discuss the benefits and risks of this COVID-19 vaccine with my doctor before vaccination. I have had a chance to ask questions which were answered to my satisfaction.

_____ I believe I understand the benefits and risks of this vaccine and ask that this vaccine be given to me.

MEDICAL SCREENING QUESTIONS: Check yes or no to each question below as it applies to you or your child. Tell your doctor about all of your medical conditions, including if you answer “yes” to any question below. Except for the last two (2) questions, a “yes” response to any other question means you may wish to consult with your individual doctor before proceeding. Answering “yes” to either of the last two (2) questions means you should not be vaccinated today.

Question	Yes	No
Do you have any allergies?		
Do you have a fever?		
Do you have a bleeding disorder or are on a blood thinner?		
Are you immunocompromised or are you on a medicine that affects your immune system?		
Have you received another COVID-19 vaccine?		
Have you had a severe allergic reaction after a previous dose of this vaccine?		
Have you had a severe allergic reaction to any ingredient of this vaccine?		

PRINT NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY VIS Edition Provided: _____

Administration Date: _____

Nurse/Doctor's Printed Name

Date

Nurse/ Doctor's Signature

Date

Time

DOSE:

1st Dose 2nd Dose

LOT NUMBER: _____

EXPIRATION DATE: _____

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