



Public Health
Prevent. Promote. Protect.
Panhandle Health District

PARENT/LEGAL GUARDIAN OF A MINOR AUTHORIZATION AND CONSENT TO ADMINISTER PFIZER COVID-19 VACCINE

PATIENT LAST NAME	PATIENT FIRST NAME	M.I.	DATE OF BIRTH
PARENT OR LEGAL GUARDIAN LAST NAME	PARENT OR LEGAL GUARDIAN FIRST NAME		RELATIONSHIP TO MINOR
PARENT OR LEGAL GUARDIAN ADDRESS	CITY	STATE	ZIP CODE

MEDICAL HISTORY SCREENING

	Yes	No	Unsure
1. Do you have any of the following chronic health conditions? <ul style="list-style-type: none"> • Cancer • Chronic Kidney Disease • COPD (chronic obstructive pulmonary disease) • Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies • Immunocompromised state (weakened immune system) from solid organ transplant • Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²) • Severe obesity (BMI >= 40 kg/m²) • Pregnancy • Sickle cell disease • Smoking • Type 2 diabetes mellitus 			
2. Have you ever received a dose of COVID-19 vaccine? If yes, which product? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna Another product:			
3. Have you had a severe allergic reaction (e.g., anaphylaxis) after receiving COVID 19 vaccine?			
4. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNtech vaccine) or any other injectible medication?			
5. Do you have a bleeding disorder or are you taking a blood thinner?			
6. Are you immune compromised (have a weakened immune system such as cancer, leukemia, HIV/AIDS or any other immune system problem) or are you taking medication that affects your immune system?	Yes	No	Unsure
7. Do you have a fever?			
8. Are you feeling sick?			
9. Are you pregnant?			
10. Could you become pregnant in the next several weeks?			
11. Are you breast feeding (nursing) ?			

By signing this form, I give permission for the administration of the Pfizer COVID-19 vaccine to my minor child and for a record of this vaccination to be entered into Idaho's Immunization Reminder Information System (IRIS) to remind me of any additional doses as needed.

Furthermore, I agree:

- (1) The information provided is correct in the vaccine registration system
- (2) The information provided regarding my minor child's medical health history is correct
- (3) I have read the EUA Fact Sheet
- (4) I understand the risks and benefits of getting the vaccine (s) and consent for my minor child to be vaccinated
- (5) Any questions I had about the vaccine(s) have been answered;

Parent or Guardian Signature

Date