



Pfizer-BioNTech COVID-19 Vaccine

_____	_____	_____
LAST NAME (PLEASE PRINT)	FIRST NAME	MI
_____	_____	_____
Birthdate	Age	Phone Number

You are being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. The Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Pfizer-BioNTech COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone, and there is no guarantee of complete immunity.

I have been given a copy and have read, or have had explained to me, the information in the Fact Sheet for COVID-19. The Fact Sheet may have been updated. For the most recent Fact Sheet, please see www.cvdvaccine.com. After being educated on the risks and benefits, I hereby consent to be inoculated with the COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction (Updated 5.10.21)

Do you have a history of severe allergy to any vaccine, any injectable medication or any component to the vaccine?	Yes	No
Do you have a fever or acute infection today?	Yes	No
Do you have a bleeding disorder or are you on a blood thinner?	Yes	No
Are you pregnant?	Yes	No
Are you breastfeeding?	Yes	No
Have you received another COVID-19 vaccine?	Yes	No
Have you received any other vaccinations in the last 14 days?	Yes	No
Have you had SARS-CoV-2 infection?	Yes	No
Have you received passive antibody therapy for COVID-19?	Yes	No
Do you currently have a known SARS-CoV-2 exposure in the last 14 days?	Yes	No
Are you under the age of 18/ or do you have a Legal guardian?	Yes	No
If you are pregnant, you understand that: <ul style="list-style-type: none"> - There is an increased risk of adverse outcomes of COVID-19 disease in pregnancy, but it is not clear yet whether vaccination has a benefit. - The vaccine has not been studied in pregnancy in humans or in animals. - The potential risks to my health and the health of the fetus are unknown. - According to the CDC, a conversation with a clinician regarding potential benefits and risks of this vaccine may be helpful, but it is not required prior to vaccination. 	Yes	No
If you are breastfeeding, you understand that: <ul style="list-style-type: none"> • Data are not available to assess the effects of COVID-19 Vaccine on the breastfed infant or on milk production/excretion. • According to the CDC, a conversation with a clinician regarding potential benefits and risks of this vaccine may be helpful, but it is not required prior to vaccination. 	Yes	No

SIGNATURE OF PERSON TO RECEIVE VACCINE:	
X	Date: ___/___/___
Parent/Legal Guardian Name (Print):	Parent/Legal Guardian Signature:
X	Date: ___/___/___