

Consent form for Covid-19 vaccination: Children aged 5 to 11 years

Child's Information

Child's Full Name:		Child's D.O.B	
Child is receiving:	Pfizer (5 to 11 years)		

Consent Checklist (please circle Yes/No)

Has your child:

1. Recently been sick with a cough, sore throat or fever, or been feeling unwell in any way?	Yes	No
2. Been diagnosed with Covid-19 before?	Yes	No
3. Had a Covid-19 vaccination before?	Yes	No
4. Had any severe adverse reaction to a previous Covid-19 vaccination?	Yes	No
5. Had anaphylaxis/serious reaction to any vaccine or medication before?	Yes	No
6. Had anaphylaxis to PEG (polyethylene glycerol)?	Yes	No
7. Had a weakened immune system or any immune disorders?	Yes	No
8. Had mast cell disorder (mastocytosis)?	Yes	No
9. Had a bleeding disorder or other blood disorder, or taken a blood thinning medication?	Yes	No
10. Been diagnosed with myocarditis or pericarditis in the past 3 months?	Yes	No
11. Been diagnosed with rheumatic fever in the past 3 months?	Yes	No
12. Had severe heart failure in the past?	Yes	No
13. Had any other vaccination in the previous 7 days?	Yes	No
14. Are you a parent/guardian who has the authority to provide consent for vaccination on behalf of this child?	Yes	No

Please refer to our website for information regarding vaccinations and potential side effects.

I hereby state that I have read and understood the information provided, and give consent for the child named above to receive the Pfizer Covid -19 Vaccine for 5-11 year old's.

Parent/Guardian Full Name:	
Parent/Guardian Signature:	
Date:	

Please email the completed form by no later than the day before your appointment to:
sooriyamedical.reception@gmail.com