Parent/Legal Guardian Phone Number: _____

# PEDIATRIC (*6 months-11 years*) COVID-19 VACCINE SCREENING AND IMMUNIZATION DOCUMENTATION

OMB No. 0720-0068
OMB approval expires: August 31, 2024

## PRIVACY ACT STATEMENT

**AUTHORITY:** DHA-IPM 20-004, "DoD Coronavirus Disease (*COVID-19*) Vaccination Program Implementation"; Public Law 104-191, 10 U.S.C., Chapter Ch. 55, Medical and Dental Care;

**PURPOSE:** To determine if the COVID-19 vaccine can be administered to the patient.

**ROUTINE USES:** Information in your records may be disclosed to other components within the MHS for the purpose of continuing medical care and determining military readiness. Additionally, this information may be shared with the Departments of Veterans Affairs and Health and Human Services and other local, state, and federal public health agencies for the purposes of satisfying public health and vaccination reporting requirements and responding to the COVID-19 pandemic.

Any protected health information (*PHI*), including mental health and substance abuse information, in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (*45 CFR Parts 160 and 164*), as implemented within DoD by DoDM 6025.18. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. A complete listing of the applicable routine uses may be found in the associated System of Records Notice (*SORN*).

**APPLICABLE SORN:** EDHA 07, Military Health Information System (*June 15, 2020, 85 FR 36190*) https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/DHA/EDHA-07.pdf

**DISCLOSURE:** Voluntary. If you choose not to provide your information, no penalty may be imposed, but there may be a delay in the appropriate medical entry in your electronic health record.

| 1. NAME *(Last, First, Middle Initial)* | 2. DoD ID or Unique Identifier | 3. DATE OF BIRTH *(MMDDYYYY)* | 4. AGE |
|---|---|---|---|
| | | | |

**PART I – COMPLETED BY PARENT OR LEGAL GUARDIAN**

| | YES | NO |
|---|---|---|
| (1) Is your child sick today? | ☐ | ☐ |
| (2) Has your child received a COVID-19 vaccine before? If so, how many doses? ☐ 1 ☐ 2 ☐ 3 | ☐ | ☐ |
| Which one _____ Date of last dose _____ | | |
| (3) Has your child had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy? | ☐ | ☐ |
| (4) Does your child have hemophilia or other bleeding disorder or take a blood thinner? | ☐ | ☐ |
| (5) Does your child have an immunocompromising condition (*HIV/AIDS, cancer, leukemia, etc.*) or take an immunocompromising medicine or treatment (*steroids, chemotherapy, radiation therapy, etc.*)? | ☐ | ☐ |

(6) Check all that apply to the person to be vaccinated:

- ☐ A history of Multi-System Inflammatory Syndrome (MIS-C)
- ☐ History of myocarditis or pericarditis
- ☐ History of COVID-19 disease within the past 3 months

| 5. ACKNOWLEDGMENT I have read or had explained to me the information in the Fact Sheet for the COVID-19 Vaccine Emergency Use Authorization (*EUA*) Fact Sheet. | ☐ | ☐ |
|---|---|---|

| a. FORM COMPLETED BY (*parent/legal guardian* print name): | b. DATE: |
|---|---|
| | |

**PART II – COMPLETED BY SCREENER**

6. VACCINE SELECTION

☐ Pfizer-BioNTech, 0.3 mL/3mcg (*6 months-4 years*) ☐ Pfizer-BioNTech, 0.3 mL/10mcg (*5-11 years*) ☐ Moderna 0.25mL/25mcg (*6 months-11 years*)

7. Vaccine Information Material provided *(check box)*

☐ Fact Sheet For Recipients and Caregivers About Pfizer-BioNTech COVID-19 Vaccine EUA In Individuals 6 months through 11 years

☐ Fact Sheet For Recipients and Caregivers About Moderna COVID-19 Vaccine EUA In Individuals 6 months through 11 years

8. SCREENER INFORMATION

| a. NAME | b. DATE *(MMDDYYYY)* | |
|---|---|---|
| | | |

**PART III – COMPLETED BY VACCINATOR**

9. VACCINE ADMINISTERED

☐ Pfizer-BioNTech, 6mo-4 years (*yellow cap*) ☐ Pfizer-BioNTech, 5-11 years (*blue cap*) ☐ Moderna, 6 mo-11years (*dark blue cap/green label*)

| 10. LOT #: | 11. EXPIRATION DATE: *(YYYYMMDD)* |
|---|---|
| | |

| 12. DOSE: ☐ 0.25 mL IM ☐ 0.3 mL IM | 13. SITE: ☐ Left Deltoid ☐ Right Deltoid ☐ Left Thigh ☐ Right Thigh |
|---|---|
| | |

14. COMMENTS

| 15. VACCINATION ADMINISTERED BY | a. NAME: | b. DATE: *(MMDDYYYY)* | |
|---|---|---|---|
| 16. ELECTRONIC HEALTH RECORD ENTRY COMPLETED BY | a. NAME: | b. DATE: *(MMDDYYYY)* | |

## Information for Healthcare Professionals about Screening Questions

**(1) Has your child had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?**

People with mild illnesses can be vaccinated. Do not withhold vaccination if a person is taking antibiotics. While there is no evidence acute illness reduces vaccine efficacy or increases adverse reactions, as a precaution, delay vaccinating patients with moderate or severe illness until the illness has improved. Defer vaccination of people with current SARS-CoV-2 infection. For those with symptoms: defer vaccination until recovery from the acute illness and isolation has been discontinued. Asymptomatic infection: defer vaccination until isolation has been discontinued.

**(2) Has your child received a COVID-19 vaccine before? If so how many doses?**

- Children ages 6 months to 4 years who are unvaccinated are recommended to receive 2 or 3 homologous (i.e., from the same manufacturer) updated 2023-24 mRNA vaccine doses, depending on vaccine manufacturer.
- Children ages 6 months to 4 years who previously received Original monovalent or bivalent mRNA vaccine doses are recommended to complete the vaccination series with 1 or 2 homologous updated 2023-24 mRNA vaccine doses, depending on vaccine manufacturer and the number of previous doses. Children in this age group who received all doses in the initial vaccination series should receive 1 dose of homologous updated 2023-24 mRNA vaccine.
- People ages 5 years and older who are unvaccinated or previously received any number of Original monovalent or bivalent mRNA vaccine doses are recommended to receive 1 dose of an updated 2023-24 mRNA vaccine from either manufacturer.
- Children who are moderately or severely immunocompromised are recommended to be vaccinated with the updated 2023-24 mRNA vaccine doses IAW ACIP guidance

**(3) Has your child had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?**

Patients reporting a serious reaction to a previous dose of COVID-19 vaccine, any vaccine, or injectable therapy (intramuscular, intravenous, or subcutaneous), should be asked to describe their symptoms. There is a remote chance that a COVID-19 vaccine could cause a severe allergic reaction. (1) Persons who have a severe allergic reaction to the first dose of an mRNA COVID-19 vaccine should not receive a 2nd mRNA COVID-19 vaccine. (2) An allergic reaction to any other vaccine or injectable therapy (such as chemotherapeutic agents) is a precaution to COVID-19 vaccination. Such individuals should be counseled that the risk of the COVID-19 vaccine is unknown, and they should seek the advice of a medical specialist. If these individuals, or those with a history of anaphylaxis for any cause, elect to be vaccinated, they should be observed for 30 minutes afterward. (3) A history of a significant, non-anaphylactic, reaction to a non-injectable medicine, food latex, or pollen allergy does not preclude receipt of a COVID-19 vaccine. Mild-to-moderate non-allergic, flu-like symptoms, or vaccination site reactions are not a reason to withhold future vaccination. However, moderate-to-severe non-allergic reactions should be evaluated by an experienced provider prior to vaccination.

**(4) Does your child have hemophilia or other bleeding disorder or take a blood thinner?**

People with bleeding disorders or treated with blood thinners should be counseled that they may have an increased risk of developing a hematoma following any intramuscular injection. If feasible, intramuscular vaccination may be delayed until shortly after anti-hemophilia therapy or alternation in their blood thinner regimen. Alternatively, a fine needle (≤ 23 gauge) can be used for vaccination and firm pressure applied to the site (without rubbing) for at least 2 minutes.

**(5) Does your child have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)?**

Immunocompromised individuals should be counseled that neither the safety nor efficacy of the COVID-19 vaccines have been studied in individuals with weakened immune systems resulting from congenital defect, disease, medications, or treatments. Non-live COVID-19 vaccines (those currently approved or under study in the US) may be administered to immunocompromised patients, although the protective benefit may be suboptimal. Vaccinated immunocompromised individuals need to continue to follow all current guidance to protect themselves against COVID-19.

**.(6) Check all that apply to the person to be vaccinated:**

- Persons with a history of multisystem inflammatory syndrome; MIS-C (children) is a precaution to receipt of COVID-19 and should be referred to a provide for further evaluation.
- Development of myocarditis or pericarditis after a dose of an mRNA (Moderna, Pfizer-BioNTech) or Novavax COVID-19 vaccine is a precaution to a subsequent dose of any COVID-19 vaccine and subsequent doses should generally be avoided.
- People who recently had SARS-CoV-2 infection (within the last 3 months) may consider delaying their primary series or additional doses by 3 months from symptom onset or positive test (if infection was asymptomatic).

**AGENCY DISCLOSURE NOTICE**