

MCHD COVID YOUTH VACCINATION CONSENT AND PRE-SCREENING FORM

Instructions: This information will be recorded into the state's immunizations tracking system Alert IIS. **Please print clearly.** Signing this document indicates that you have read or have had the information about the COVID-19 vaccine on this form explained to you. That you have had a chance to ask questions, which were answered to your satisfaction. That you understand the benefits / risks of COVID-19 vaccine and that you are requesting the vaccine be given to your child.

Child's Last Name		First Name		Middle Name/ initial		Age	
Date of Birth (MM/DD/YY)		Email			Phone		
Street Address				City, State, Zip			

Child's Gender: ☐ Female ☐ Male ☐ AFAB, Transgender Male, Trans Man ☐ AMAB, Transgender Female, Trans Woman ☐ Non-binary, Genderqueer, Gender expansive ☐ Other: _____ ☐ Choose not to disclose

Screening Questionnaire: If yes to any of the following, you may be asked additional questions	Yes	No
1. Is your child feeling sick today?		
2. Has your child ever had an immediate, severe allergic reaction (anaphylaxis) to anything? For example, a reaction for which they were treated with epinephrine (EpiPen) or for which they had to go to the hospital? Or do they have a prescription for an EpiPen®?		
3. Has your child ever had any immediate allergic reaction after receiving any vaccine or any other injection? (for example, itchy mouth, hives, tongue swelling)		
4. How many COVID-19 vaccines has your child received in the past?		
Brands and dates of vaccines:		
5. Has your child had an allergic reaction after a COVID-19 vaccine, or to polysorbate or polyethylene glycol (PEG)?		
6. Has your child ever been diagnosed with Multisystem Inflammatory Syndrome (MIS-C)?		
7. If this is your child's second dose of Pfizer vaccine, did they have any problem with their heart after the first dose of vaccine? Has your child ever had myocarditis (heart inflammation) before?		
8. Does your child have a bleeding disorder or are they taking a blood thinner?		
9. Does your child have a moderate to severe immunocompromising condition?		

***Have you received required written information about the COVID-19 vaccine being given today?** ☐ Yes ☐ No

Parent or Guardian Signature: _____ **Date:** _____

Print Parent or Guardian Last Name: _____ **First** _____

PLEASE NOTE: A responsible adult needs to remain with a youth who is under 15 years of age for the entire vaccine process. If you are sending your child to the vaccine clinic with a different adult, we also have a [separate consent](#) that you need to sign (this can be done on the phone if you don't have that paper).

Last Name _____ First _____ Middle _____

These questions are optional and your answers are confidential. We would like you to tell us your race and ethnicity so that we can find and address health and service differences.

Race and Ethnicity

1. How do you identify your child's **race, ethnicity, tribal affiliation, country of origin, or ancestry**?

2. Which of the following describes your child's racial or ethnic identity? Please check **ALL** that apply.

Hispanic and Latino/a/x

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- ☐ Chamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

White

- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

American Indian and Alaska Native

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Black and African American

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Middle Eastern/North African

- ☐ Middle Eastern
- ☐ North African

Asian

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Other Categories

- ☐ Other (*please list*)

- _____
- ☐ Don't know
 - ☐ Don't want to answer

3. If you checked **more than one** category above, is there **one** you think of as your child's **primary** racial or ethnic identity?

- ☐ **Yes. Please circle your primary racial or ethnic identity above.**
- ☐ **I do not have just one primary racial or ethnic identity.**
- ☐ **No. I identify as Biracial or Multiracial.**
- ☐ **N/A. I only checked one category above.**
- ☐ **Don't know.**
- ☐ **Don't want to answer.**

Reg initials _____