

COMIRNATY/Pfizer-BioNTech COVID-19 Vaccine

City of Lubbock Health Department

806 18th Street, 79401

806-775-2933

First Dose Second Dose Booster Dose

Last	First	Middle	Sex M / F	Birth Date	Age
Address		City	State	Zip	County
Race: American Indian/Alaskan Native Native Hawaiian/Pacific Islander			Ethnicity: Hispanic non-Hispanic		
Asian Black White Other					
Phone		Mother's First Name		Mother's Maiden Name	
If this is your second or booster dose:		Date of Previous Dose:		Previous Dose Provider/Location:	

Exclusion Questions: Answering yes to any of these questions excludes you from receiving the vaccine.

Do you have a known history of a severe allergic reaction (e.g., anaphylaxis) to any ingredient of the COMIRNATY/Pfizer-BioNTech COVID-19 Vaccine which includes: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose?	Yes	No
Are you younger than 5 years of age?	Yes	No

Screening Questions:

In the past two weeks have you tested positive for COVID-19?	Yes	No	
In the past two weeks have you had exposure to a person who tested positive for COVID-19 at six feet or less for a period of 15 or more minutes without wearing appropriate personal protective equipment?	Yes	No	
Have you had a new onset of fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea?	Yes	No	
In the past 90 days have you received passive antibody therapy (i.e., convalescent plasma or a monoclonal antibody) as part of COVID-19 treatment?	Yes	No	
Are you pregnant or breastfeeding or do you plan to become pregnant?	Yes	No	
Are you immune compromised or on a medicine that affects your immune system?	Yes	No	
Do you have a bleeding disorder or are you on a blood thinner?	Yes	No	
Do you have a history of severe allergic reaction (e.g., anaphylaxis) to another vaccine or injectable medication? If yes, what vaccine or injectable medication:	Yes	No	
If yes to any of the above, I attest that I have discussed my condition with my provider and vaccination is recommended or I acknowledge that there may be risks and consent to proceed with vaccination.	Yes	No	N/A

You are being offered either COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. The *Vaccine Information Fact Sheet for Recipients and Caregivers* comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine and includes information about the FDA-licensed vaccine, COMIRNATY (COVID-19 Vaccine, mRNA). The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the FDA-authorized Pfizer-BioNTech COVID-19 Vaccine under Emergency Use Authorization (EUA) have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series.

COMIRNATY (COVID-19 Vaccine, mRNA) is an FDA-approved COVID-19 vaccine made by Pfizer for BioNTech. It is approved as a 2-dose series for prevention of COVID-19 in individuals 16 years of age and older. It is also authorized under EUA to provide: 1) a two-dose primary series in individuals 12 through 15 years; 2) a third primary series dose in individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise; and 3) a single booster dose in individuals 65 years of age and older, 18 through 64 years of age at high risk of severe COVID-19, and 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19.

The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide: 1) a two-dose primary series in individuals 5 years of age and older; 2) a third primary series dose for individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise; 3) a single booster dose in individuals 65 years of age and older, 18 through 64 years of age at high risk of severe COVID-19, and 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19; and 4) a single booster dose for eligible individuals who have completed their primary vaccination with a different licensed COVID-19 vaccine.

The *Vaccine Information Fact Sheet* contains information to help you understand the risks and benefits of COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. Talk to your vaccination provider if you have questions. COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine are administered as a 2-dose series, 3 weeks apart, into the muscle. Under EUA for individuals who are determined to have certain kinds of immunocompromise, a third dose may be administered at least 4 weeks after the second dose. COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine may not protect everyone.

By signing this form, you are providing your informed consent to the City of Lubbock to administer the COMIRNATY or Pfizer-BioNTech COVID-19 Vaccine. You agree that you have been provided an opportunity to review the *Vaccine Information Fact Sheet*, ask any questions that you may have regarding the vaccine, and the option to decline to receive the vaccine after reviewing the *Vaccine Information Fact Sheet*. You also understand and agree to release your information on this consent form to state or federal health authorities for the purpose of tracking immunizations during a public health emergency.

Printed Name	Signature	Date
If under 18, Parent/Guardian Name	Parent/Guardian Signature	Date

Clinic Use				
MANUFACTURER	LOT NUMBER	EXP DATE	DOSE	IM SITE
Pfizer-BioNTech			0.3 mL / 0.2 mL	

Administered by:	Date:
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ImmTrac: Date _____ Initials _____

Release time: _____