

Registration Form for COVID Vaccines

Please fill out this form in its entirety.

| | | | |
|---|--------------|--|------------------|
| Patient Name (Last, First) | | Date of Birth (mm/dd/yyyy) | |
| Address: | City: | State: | Zip Code: |
| Phone Number: | | Emergency Contact: | |
| Email: | | Name: | |
| Marital Status: | | Relation: | Phone: |
| Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White/Latino <input type="checkbox"/> White/Non-Latino <input type="checkbox"/> Other Race | | Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M/F <input type="checkbox"/> Non Binary <input type="checkbox"/> Other | |
| Ethnicity: <input type="checkbox"/> Latino <input type="checkbox"/> Non-Latino | | Preferred Language: | |
| Latino Origin: <input type="checkbox"/> Cuban <input type="checkbox"/> General Latino <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Other Spanish/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown | | Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Farmworker <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Income Information

Sea Mar requests this information from all patients for anonymous reporting purposes. Please circle the category that applies to you.

| Family Size | Income Level | | | | | |
|---|--------------|-------------------|-------------------|-------------------|-------------------|-----------|
| 1 | 0 - \$12,880 | \$12,881-\$16,100 | \$16,101-\$19,320 | \$19,321-\$22,540 | \$22,541-\$25,760 | \$25,761+ |
| 2 | 0 - \$17,420 | \$17,421-\$21,775 | \$21,776-\$26,130 | \$26,131-\$30,485 | \$30,486-\$34,840 | \$34,841+ |
| 3 | 0 - \$21,960 | \$21,961-\$27,450 | \$27,451-\$32,940 | \$32,941-\$38,430 | \$38,431-\$43,920 | \$43,921+ |
| 4 | 0 - \$26,500 | \$26,501-\$33,125 | \$33,126-\$39,750 | \$39,751-\$46,375 | \$46,376-\$53,000 | \$53,001+ |
| 5 | 0 - \$31,040 | \$31,041-\$38,800 | \$38,801-\$46,560 | \$46,561-\$54,320 | \$54,321-\$62,800 | \$62,801+ |
| 6 | 0 - \$35,580 | \$35,581-\$44,475 | \$44,476-\$53,370 | \$53,371-\$62,265 | \$62,266-\$71,160 | \$71,161+ |
| 7 | 0 - \$40,120 | \$40,121-\$50,150 | \$50,151-\$60,180 | \$60,181-\$70,210 | \$70,211-\$80,240 | \$80,241+ |
| 8 | 0 - \$44,660 | \$44,661-\$55,825 | \$55,826-\$66,990 | \$66,991-\$78,155 | \$78,156-\$89,320 | \$89,321+ |
| Other (Provide Write-In Household Size and Income): | | | | | | |



Notice of Privacy Practices Acknowledgement

The Notice of Privacy Practices for Protected Health Information describes how medical information about you may be used and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

Sea Mar has the responsibility to protect the privacy of your information, provide a Notice of Privacy Practices, and follow information practices that are described in this notice. If you have any questions, please contact Sea Mar's Vice President of Corporate and Legal Affairs at 206.763.5277.

By signing this form, you acknowledge receipt of Sea Mar Community Health Centers' Notice of Privacy Practices and Patient Rights and Responsibilities. Sea Mar encourages you to review these notices carefully.

I acknowledge receipt of Sea Mar Community Health Centers' Notice of Privacy Practices and Patient Rights and Responsibilities.

Patient or legally authorized individual signature

Date

Time

Printed name if signed on behalf of the patient

Relationship
(parent, legal guardian, personal representative)

Patient Name: <<PName>>

DOB: <<PDOB>>

Patient ID: <<PNumber>>

This form will be retained in your medical record.

Sliding Fee Scale Application

To comply with federal regulations and provide you a discount on Sea Mar services, it is necessary for you to fill out this form, answer some personal questions, and provide proof of income. Your answers will be kept on file and in strict confidence.

| | | |
|-----------------|----------------|--|
| Patient Name: | DOB: | Patient ID: |
| Household Size: | Annual Income: | <input type="checkbox"/> I choose <u>NOT</u> to provide my income. |

I choose **NOT** to apply for the sliding fee scale. Please sign and date below.

Signature

Date

I choose to apply for the sliding fee scale discount. The sliding fee scale is available for all patients, regardless of insurance status. If you have insurance, the sliding fee scale discount can be applied to charges not covered by insurance. Please complete the entire form to determine eligible discount.

| Household Members | NAME | BIRTHDATE (MM/DD/YYYY) | HEALTH INSURANCE | RELATIONSHIP | SEA MAR PATIENT? | |
|-------------------|------|------------------------|------------------|--------------|------------------|--|
| | 1 | | | | | |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | 6 | | | | | |

| SOURCE OF INCOME | ANNUAL INCOME | For You | For Spouse | For Children | For Others | Sub Total |
|------------------|------------------------------|---------|------------|--------------|------------|-----------|
| | Gross Wages, Salaries, Tips | | | | | \$ 0.00 |
| | Social Security & Pensions | | | | | \$ 0.00 |
| | Annuity & Veteran Benefits | | | | | \$ 0.00 |
| | Child Support & Alimony | | | | | \$ 0.00 |
| | Self-Employment & Other | | | | | \$ 0.00 |
| | For "Other," please explain: | | | | | TOTAL |

By signing below, I agree to provide Sea Mar Community Health Centers with a proof of income for all persons listed above. Acceptable proof of income includes, but is not limited to, social security statements, paycheck stubs (two most recent), public assistance letter, tax return form, W-2 form, L&I check stub, unemployment check stub.

I understand that I will be asked to reapply for the sliding fee scale at least once a year so Sea Mar can maintain an updated application on file. I certify that the information provided is accurate and complete to the best of my knowledge. I understand that if I knowingly give false information that results in assistance for which I am not eligible, I will be subject to criminal prosecution. I give my consent to release any and all information from whatever source needed to verify the information I have given.

Signature

Date

OFFICE USE ONLY

Patient is eligible for Sliding Fee Scale: Yes No SFS Status (circle one): A B C D E F

POI Requested: _____ Initial: _____ POI Received: _____ Initial: _____

Authorized Adult Consent For COVID-19 Vaccinations

This form must be signed for patients ages 5 to 17-years-old receiving the COVID-19 vaccine. As of November 3, 2021, Pfizer is the only vaccine approved for ages 5 to 17.

| | | |
|---------------|------|--------------|
| Patient Name: | DOB: | Patient MRN: |
|---------------|------|--------------|

Acknowledgement

I have been provided an opportunity to review the COVID-19 Vaccine Fact Sheet for Recipients and Caregivers. I understand that I can review the Pfizer-BioNTech COVID-19 vaccine onsite or online at www.fda.gov/media/144414/download or by using the QR Code below.

Authorized Adult Consent

I am authorized to consent for the patient named above to receive this vaccine. I request that the vaccine be given to the patient named above. I understand that the patient should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

Printed Name of Authorized Adult

Relationship/Authority of Consenting Party

Signature of Authorized Adult

Date

Minor Consent

I am a legally emancipated minor, a minor married to an adult, or have been determined a mature minor. I request that I be given the vaccine. I understand that I should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

Signature of Emancipated/Married to An Adult Minor/Mature Minor

Date



QR CODE FOR VACCINE FACTSHEETS

VACCINATION CONSENT FORM

Pfizer-BioNTech COVID-19 Vaccine

The novel coronavirus SARS-CoV-2 (a/k/a COVID-19) is an infectious disease that appeared in late 2019.

I request that the Pfizer-BioNTech COVID-19 Vaccine be given to me or to the person named hereafter for whom I am authorized to make this request (select one): MYSELF PERSON NAMED BELOW

Recipient's Information:

Last Name First Name Date of Birth Gender
Address: _____
City: _____ State: _____ Zip: _____

Authorized Individual's Information (complete if different from vaccine recipient):

Last Name First Name Date of Birth Gender
Address: _____
City: _____ State: _____ Zip: _____
Relationship to recipient: _____
Vaccine is for (check one): Physician Contractor Employee Volunteer Other: _____
Company/Organization: _____

ACKNOWLEDGEMENTS (INITIAL EACH STATEMENT):

- _____ Prior to vaccination, I was given a copy of the FDA's *Fact Sheet for Recipients and Caregivers* in connection with the administration of Pfizer-BioNTech COVID-19 Vaccine for ages 12 and above and Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine for ages 5-11, or was directed to the FDA's COVID-19 vaccination website at: [Pfizer-BioNTech COVID-19 Vaccine | cvdvaccine.com](https://www.fda.gov/covid19/vaccine/covid-19-vaccine-fact-sheet).
- _____ The recipient or their caregiver has the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine.
- _____ The significant known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine, and the extent to which such risks and benefits are unknown, have been disclosed to me. Information about available alternative vaccines and the risks and benefits of those alternatives, to the extent reasonably known, have been disclosed to me.
- _____ The Pfizer-BioNTech COVID-19 Vaccine is administered intramuscularly as a series of two doses (0.3 mL each) 3 weeks apart. Recipients must receive both doses of the Pfizer-BioNTech COVID-19 Vaccine to complete vaccination.
- _____ Recipient is 5 years of age or older.
- _____ Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 Vaccine.

_____ Vaccine may not protect all vaccine recipients.

_____ The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients: 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.

_____ I have read or have had explained to me the information identified in the FDA's *Fact Sheet for Recipients and Caregivers* regarding the Pfizer-BioNTech COVID-19 Vaccine. I have had an opportunity to discuss the benefits and risks of this COVID-19 vaccine with a healthcare provider of my choice before vaccination. I have had a chance to ask questions which were answered to my satisfaction.

_____ I believe I understand the benefits and risks of this vaccine and ask that this vaccine be given to me or the person named for whom I am authorized to make this request.

MEDICAL SCREENING QUESTIONS: Check yes or no to each question below. Tell your vaccination provider about all your medical conditions, including if you answer “yes” to any question. Except for the last two (2) questions, a “yes” response to any other question means you may wish to consult with your individual healthcare provider before proceeding. Answering “yes” to either of the last two (2) questions means you should not be vaccinated today.

| Question | Yes | No |
|---|-----|----|
| Do you have any allergies? | | |
| Do you have a fever? | | |
| Do you have a bleeding disorder or are on a blood thinner? | | |
| Are you immunocompromised or are you on a medicine that affects your immune system? | | |
| Are you pregnant or plan to become pregnant? | | |
| Are you breastfeeding? | | |
| Have you received another COVID-19 vaccine? | | |
| Have you had a severe allergic reaction after a previous dose of this vaccine? | | |
| Have you had a severe allergic reaction to any ingredient of this vaccine? | | |
| Have you ever fainted or felt lightheaded after receiving an injection or having blood drawn? | | |

Signature of Recipient OR Recipient's Authorized Individual

Date

DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY VIS Edition Provided: _____

Vaccine: _____

Administration Date: _____

Manufacturer: _____

Lot #: _____

Exp. Date: _____

Route: _____

Site: _____

Volume (ml): _____

Nurse/ Provider's Signature

Date

Time

Pediatric COVID-19 Vaccines

What Parents/Guardians Should Know

COVID-19 vaccination is now authorized for children ages 5 and up.

Why should children get vaccinated?

Since March 2020, about 1.5 million children in the United States have gotten COVID-19. Children account for over 20 percent of new COVID-19 cases.

Getting vaccinated will help children stay safer while at school and hanging out with friends and family. They'll be much less likely to get seriously ill, be hospitalized, or die from COVID-19.

Clinical trials proved that this vaccine works very well at preventing COVID-19 in youth.

How do I get my child vaccinated?

Ask your child's pediatrician or regular clinic if they carry the COVID-19 vaccine.

You can also visit [VaccineLocator.doh.wa.gov](https://www.doh.wa.gov/VaccineLocator) and use the filter to see a list of places near you that have the pediatric vaccine.

How does this impact schools?

Washington state does not currently require children be vaccinated against COVID-19 to enter school. The Washington State Department of Health and the state Board of Health will tell people if this changes in the future.

Fully vaccinated students who do not have symptoms after COVID-19 exposure do not need to be quarantined and may not require testing.

How will this help at home?

The COVID-19 vaccine can keep kids protected from the disease, meaning indoor gatherings can be safer to host or attend.

Families should continue following other recommended safety measures for the best protection.



Which vaccine should children get?

At this time, the Pfizer COVID-19 vaccine is the **only** brand authorized for kids ages 5-17.



- Children **ages 5-11** get a pediatric dose, which is a different amount than the adolescent and adult version.
- Children **ages 12-17** are eligible for the adolescent/adult dose.

Do children or teens need a second shot?



Yes, both the pediatric and adolescent Pfizer vaccine is given in two doses at least 21 days apart. The person is considered fully vaccinated when it's been two weeks after their second dose.

To get your questions answered:



Visit: [VaccinateWA.org/kids](https://www.vaccinatewa.org/kids)



Call: 1-833-VAX-HELP (1-833-829-4357), Press #

Language assistance is available.

Vaccinate
WA 

[CovidVaccineWA.org](https://www.CovidVaccineWA.org)

Is COVID-19 really a risk to my child?

Although fewer children have been infected with COVID-19 compared to adults, children can:

- Be infected with the virus that causes COVID-19
- Get sick or die from COVID-19
- Spread COVID-19 to others
- Get serious complications from COVID-19, such as “long COVID” or a dangerous inflammatory disease called MIS-C

The vaccine was shown to have very few side effects in this population, and it protects them very well from the disease. The benefits of vaccination far outweigh the risk of getting COVID-19.

Is the vaccine safe for my child?

Yes, the vaccine is considered very safe for children. No serious side effects were detected in clinical trials of the vaccine in 5-11 year olds. The studies are ongoing, and the U.S. has very strong vaccine safety systems to catch any warning signs early.

What are the common side effects of the vaccine in children?

The health risks if children are infected with COVID-19 are much higher than the risk of vaccine side effects.

Like other vaccines, the most common side effects are a sore arm, tiredness, headache, and muscle pain. These symptoms are usually mild.

[In clinical trials](#) more children reported side effects after the second dose than after the first dose. Side effects were generally mild to moderate in severity and occurred within two days after vaccination, and most went away within one to two days.

What do children need to bring to their appointment?

In most cases, parents and guardians will need to provide consent to vaccination for someone under age 18. They should ask the vaccine location what they need for consent.

Clinics may ask for the child’s ID, an insurance card, or Social Security number, but you do not need to give them.

Children do not need to be U.S. citizens to get the vaccine. Vaccine locations cannot ask for anyone’s immigration status. Personal data will only be used for public health purposes.

I have more questions. Where can I go?

Find answers to more questions at [VaccinateWA.org/kids](https://www.vaccinatewa.org/kids). You can also talk to your child’s regular health care provider.

**VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS
ABOUT THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT
CORONAVIRUS DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS
5 THROUGH 11 YEARS OF AGE**

FOR 5 THROUGH 11 YEARS OF AGE

Your child is being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.

This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine for use in individuals 5 through 11 years of age.¹

The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide a two-dose primary series to individuals 5 through 11 years of age.

The Pfizer-BioNTech COVID-19 Vaccine has also received EUA from FDA to provide a third primary series dose to individuals 5 through 11 years of age who have been determined to have certain kinds of immunocompromise.

This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which your child may receive because there is currently a pandemic of COVID-19. Talk to your child's vaccination provider if you have questions.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see www.cvdvaccine.com.

WHAT YOU NEED TO KNOW BEFORE YOUR CHILD GETS THIS VACCINE

WHAT IS COVID-19?

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness leading to death. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

¹ You may receive this Vaccine Information Fact Sheet even if your child is 12 years old. Children who will turn from 11 years to 12 years of age between their first and second dose in the primary regimen may receive, for either dose, either: (1) the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 5 through 11 years of age; or (2) COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 12 years of age and older.

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

WHAT SHOULD YOU MENTION TO YOUR CHILD’S VACCINATION PROVIDER BEFORE YOUR CHILD GETS THE VACCINE?

Tell the vaccination provider about all of your child’s medical conditions, including if your child:

- has any allergies
- has had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- has a fever
- has a bleeding disorder or is on a blood thinner
- is immunocompromised or is on a medicine that affects your child’s immune system
- is pregnant
- is breastfeeding
- has received another COVID-19 vaccine
- has ever fainted in association with an injection

HOW IS THE VACCINE GIVEN?

The Pfizer-BioNTech COVID-19 Vaccine will be given to your child as an injection into the muscle.

The vaccine is administered as a 2-dose series, 3 weeks apart. A third primary series dose may be administered at least 28 days after the second dose to individuals who are determined to have certain kinds of immunocompromise.

The vaccine may not protect everyone.

WHO SHOULD NOT GET THE VACCINE?

Your child should not get the vaccine if your child:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

WHAT ARE THE INGREDIENTS IN THE VACCINE?

The vaccine includes the following ingredients: 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), tromethamine, tromethamine hydrochloride, sucrose, and sodium chloride.

HAS THE VACCINE BEEN USED BEFORE?

Millions of individuals 12 years of age and older have received the Pfizer-BioNTech COVID-19 Vaccine under EUA since December 11, 2020. In a clinical trial, approximately 3,100 individuals 5 through 11 years of age have received at least 1 dose of Pfizer-BioNTech COVID-19 Vaccine. In other clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the vaccine. The vaccine that is authorized for use in children 5 through 11 years of age

includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials. The use of the different inactive ingredients helps stabilize the vaccine under refrigerated temperatures and the formulation can be readily prepared to deliver appropriate doses to the 5 through 11 year-old population.

WHAT ARE THE BENEFITS OF THE VACCINE?

The vaccine has been shown to prevent COVID-19.

The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE VACCINE?

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, your child's vaccination provider may ask your child to stay at the place where your child received the vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of the face and throat
- A fast heartbeat
- A bad rash all over the body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if your child has any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with the vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache
- muscle pain

- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- decreased appetite
- diarrhea
- vomiting
- arm pain
- fainting in association with injection of the vaccine

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.

WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If your child experiences a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your child’s healthcare provider if your child has any side effects that bother your child or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include “Pfizer-BioNTech COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

| Website | Fax number | Telephone number |
|--|----------------|------------------|
| www.pfizersafetyreporting.com | 1-866-635-8337 | 1-800-438-1985 |

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: www.cdc.gov/vsafe.

WHAT IF I DECIDE NOT TO HAVE MY CHILD GET THE PFIZER-BIONTECH COVID-19 VACCINE?

Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child's standard medical care.

ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES PFIZER-BIONTECH COVID-19 VACCINE?

For children 5 through 11 years of age, there are no other COVID-19 vaccines available under Emergency Use Authorization and there are no approved COVID-19 vaccines.

CAN MY CHILD RECEIVE THE PFIZER-BIONTECH COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?

Data have not yet been submitted to FDA on administration of the Pfizer-BioNTech COVID-19 Vaccine at the same time with other vaccines. If you are considering to have your child receive the Pfizer-BioNTech COVID-19 Vaccine with other vaccines, discuss the options with your child's healthcare provider.

WHAT IF MY CHILD IS IMMUNOCOMPROMISED?

If your child is immunocompromised, you may be given the option to have your child receive a third dose of the vaccine. The third dose may still not provide full immunity to COVID-19 in people who are immunocompromised, and you should continue to have your child maintain physical precautions to help prevent COVID-19. In addition, your child's close contacts should be vaccinated as appropriate.

WHAT ABOUT PREGNANCY OR BREASTFEEDING?

If your child is pregnant or breastfeeding, discuss the options with your healthcare provider.

WILL THE VACCINE GIVE MY CHILD COVID-19?

No. The vaccine does not contain SARS-CoV-2 and cannot give your child COVID-19.


KEEP YOUR CHILD'S VACCINATION CARD

When your child gets the first dose, you will get a vaccination card to show when to return for your child's next dose(s) of the vaccine. Remember to bring the card when your child returns.

ADDITIONAL INFORMATION

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

| Global website | Telephone number |
|---|---|
| <p data-bbox="315 415 621 443">www.cvdvaccine.com</p>  | <p data-bbox="951 489 1222 558">1-877-829-2619 (1-877-VAX-CO19)</p> |

HOW CAN I LEARN MORE?

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

WHERE WILL MY CHILD'S VACCINATION INFORMATION BE RECORDED?

The vaccination provider may include your child's vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that your child receives the same vaccine when your child returns for the second dose. For more information about IISs visit:

<https://www.cdc.gov/vaccines/programs/iis/about.html>.

CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources & Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people

who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

This EUA for the Pfizer-BioNTech COVID-19 Vaccine will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.



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BIONTECH

Manufactured for
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Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

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Get vaccinated. Get your smartphone. Get started with v-safe.

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2 p.m. local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*



Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.



Sign up with your smartphone's browser at vsafe.cdc.gov

OR

Aim your smartphone's camera at this code



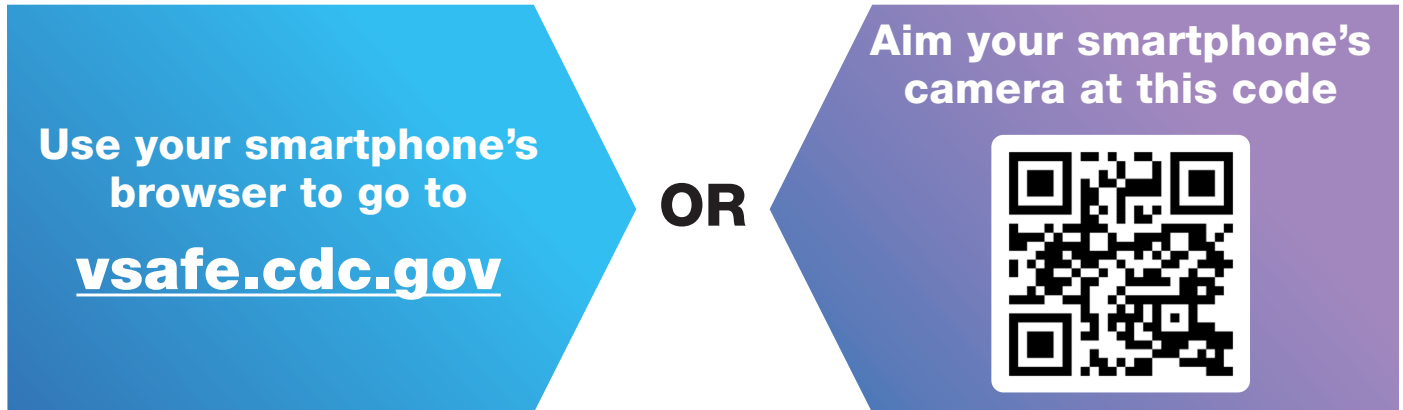
*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity.

How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the **v-safe** website using one of the two options below:



2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in **v-safe** and click **Verify**.
5. At the top of the screen, click **Enter vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2 p.m. local time, **v-safe** will start your initial health check-in around 2pm that day. If you register after 2 p.m., **v-safe** will start your initial health check-in immediately after you register — just follow the instructions.

You will receive a reminder text message from **v-safe** when it's time for the next check-in — around 2 p.m. local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a **v-safe** check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- **V-safe** will automatically ask you to update your second dose information. Just follow the instructions.

Need help with v-safe?

Call 800-CDC-INFO (800-232-4636)

TTY 888-232-6348

Open 24 hours, 7 days a week

Visit www.cdc.gov/vsafe

