



## COVID-19 Vaccination Consent Form 5-11 Year Olds (Pfizer Only)

I have received a copy of the Emergency Use Authorization (EUA) and /or applicable Vaccine Information Fact Sheet prior to receiving my immunization and have had an opportunity to ask questions. I understand the benefits and risks of the COVID-19 vaccine as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. I understand that RiverStone Health will provide documentation of my vaccination to the Montana State Immunization Registry called ImMTrax.

Name (please print) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what are you allergic to? \_\_\_\_\_

Have you ever had a serious reaction after receiving a vaccination? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnicity \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_ Hispanic or Latino

Race \_\_\_\_\_ American Indian/AK Native \_\_\_\_\_ Asian \_\_\_\_\_ Native HI/Pacific Islander  
\_\_\_\_\_ Black/African American \_\_\_\_\_ White \_\_\_\_\_ Unknown \_\_\_\_\_ Other

**3rd Dose Vaccine** (SELECT RESPONSE BELOW)  
  
\*I am getting my 3<sup>rd</sup> COVID-19 vaccination because I am *moderately or severely* immunocompromised (active cancer treatment, transplant recipient, advanced HIV, take immune-suppressant medications, etc.) and it has been 28 days since my 2<sup>nd</sup> Pfizer COVID-19 vaccination. Ask your healthcare provider if you are uncertain if you meet these criteria.  
  
\_\_\_\_\_ Yes \_\_\_\_\_ No

### Vaccine information - To be completed by Staff:

Name/Manufacturer/Lot number \_\_\_\_\_

Pfizer 1<sup>st</sup> Dose \_\_\_\_\_ 2<sup>nd</sup> Dose \_\_\_\_\_ \* 3<sup>rd</sup> Dose \_\_\_\_\_

Body Site \_\_\_\_\_ Right Deltoid \_\_\_\_\_ Left Deltoid

Staff signature \_\_\_\_\_ Date \_\_\_\_\_