COVID-19 PFIZER/BIONTECH VACCINE CONSENT FORM ANGUILLA 2022 (5-17 YEAR OLDS)

COVID-19 Registration Checklist

Surname: ______________________ **First Name: ____________________**

Middle Name______________________

Address_____________________________________

DOB: DD/MM/YYYY ___________________ Age: ________ Sex: M ☐ F ☐

Ethnicity: Black ☐ Hispanic ☐ Caucasian ☐ Asian ☐ Mixed ☐ Other ☐

School: ALHCS ☐ AARPS ☐ ATHPS☐ MVPS ☐ OKPS ☐ VPS ☐ VVPS ☐ Other ☐

Grade/Form: ____

Occupation(if applicable): ____

Email Address: ____

Telephone Number: ____

Medical History

Please tick the answer that applies to you.

1. **Do you have a fever? Yes ☐ No ☐**
2. **Do you have any of the following Medical Conditions?**

Hypertension ☐
Diabetes ☐
Cancer ☐
Chronic Heart Disease ☐
Asthma ☐
Chronic Lung Disease ☐
None of the Above ☐

Chronic Kidney Disease ☐
Sickle Cell Disease ☐
Impaired Immunity ☐ (any condition)
Morbid Obesity ☐
Other_____________________

3. **Are you pregnant? Yes ☐ No ☐ N/A ☐**
4. **Have you ever had any serious allergic reaction to a previous vaccine? Yes ☐ No ☐**
5. **Do you have any allergies to food or medication? Yes ☐ No ☐**
6. **List Allergies____**
7. **Have you received the influenza vaccine within the last 30 days? Yes ☐ No ☐**
8. **Have you ever tested positive for COVID-19 ? Yes ☐ No ☐**
9. **IF Yes : Test date (DD/MM/YY) ___________________**

I have read and understood the information sheet provided and acknowledge that the above information is correct. ☐

Parent/Guardian

I, consent for my child/charge: ____________________________________ to receive the COVID-19 vaccine
(Print Name)

Parent/Guardian name:____

Parent/ Guardian signature: ___________________________ Date: ___________________

Witness Signature: ______________________________ Date: _________________________