



**MODERNA PEDIATRIC COVID
Vaccine Screening, Patient Consent, &
Administration Record (3 - 5 years old)**

Name: _____ **SSN:** _____

Birthdate: _____ **Age:** _____ **Phone:** _____ **Gender (circle one):** Male / Female

Address: _____

City, State, Zip: _____ **Primary Care Physician:** _____

Race: (Circle One): American Indian/Alaska Native - Asian - Black/African-American - Native Hawaiian/Pacific Islander - White - Other

Ethnicity (Circle One): Hispanic/Latino - **Not** Hispanic/Latino

Parent Email: _____

| Screening Questions: | Yes | No |
|--------------------------------------------------------------------------------------------------|-----|----|
| Do you consent to this vaccination being recorded in the Texas Immunization Registry (ImmTrac2)? | | |
| Have you had a positive covid test? If yes, what date was the test positive: _____ | | |
| Have you had a covid-19 vaccine? If yes, what date was the 1 st dose: _____ | | |
| Have you experienced a severe reaction to any vaccine (anaphylaxis)? | | |
| Have you been diagnosed with Multi System Inflammatory Disease (MIS)? | | |

Patient/Parent Consent: I have read, or have had read to me, the EUA regarding the vaccine I am about to receive. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to, or give consent for, the administration of the vaccine and the notification of my primary care physician. I authorize the release of any medical or other information necessary to process this claim. I understand that I should remain in the pharmacy for 15 minutes for observation in case there is an adverse reaction.

Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

| Date | Vaccine | Manufacturer | Dose | Lot | Exp Date | Site | Amt/Admin | EUA Date | Administrator |
|------|----------------------------|--------------|-----------------|---------|------------|-------|------------|----------|---------------|
| | Pediatric Covid-19 Vaccine | Moderna | 1 st | AS1416B | 02/18/2023 | RA/LA | 0.25 mL IM | 2022 | |
| | Pediatric Covid-19 Vaccine | Moderna | 2 nd | AS1416B | 02/18/2023 | RA/LA | 0.25 mL IM | 2022 | |