



Pre-vaccination Checklist for Pfizer-BioNTech COVID-19 Vaccines Ages 12-17

Minor Last Name:		First Name:		<u>M.I.</u>
Minor DOB:	Age:		Gender: M/F	
Parent/Guardian Last Name:		First Name:		
Parent/Guardian Phone Number:				
Minor's Primary Care Provider:		Phone Number (if not WHC):		

I have reviewed and completed the Pre-vaccination Checklist for COVID-19 Vaccines for my child.

I have received and read the FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 12YEARS OF AGE AND OLDER. I understand the risks and benefits, and give consent for my child to receive the Pfizer COVID-19 vaccine. In addition, I have received information regarding the Hawaii Immunization Registry (see attached).

I affirm that I am the parent or legal guardian of the child named at the top of this form.

Parent/Guardian Signature: _____ **Date:** _____