

Midland County Health Department Covid Vaccine Record – Child

\*Pfizer is authorized for age 5 -11
\*Moderna is authorized for age 6 -11

Legal Name: Last First Middle Int.

Date of Birth: Age: Sex: Male Female

Address: Phone: ( )

City: State: County: Zip Code:

Race/Ethnicity (circle): (Unknown) (White) (Black-African American) (American Indian-Alaskan Native) (Chinese) (Japanese) (Filipino) (Native Hawaiian) (Other Race) (Arab) (Other Pacific Islander)

White: (Unknown) (Hispanic/Latino) (Not Hispanic/Latino)

Enrolled in Private Insurance-Medicare-Medicaid

Name on Insurance Card

Private Insurance Name and Enrollee ID #

Medicare #

Medicaid #

Table with 3 columns: Medical History, Yes, No. Contains 2 questions about vaccine reactions and COVID status.

I authorize Midland County Health Department to release information, verbally or in writing, regarding my having received vaccines, as is necessary for the authorization and payment for professional services.

I have read or have had explained to me information on the Vaccine fact sheet. I have had a chance to ask questions to which were answered to my satisfaction. I understand the benefits and risks of vaccines, and based on the knowledge, I request that the vaccine be given to me.

Signature of Parent/Guardian if younger than 18 years old Date

Date: Site Lot# RNSignature

- 91307 Pfizer Admin 1st dose 0071A Admin 2nd dose 0072A Admin 3rd dose 0073A Admin 4th dose 0074A
91315 Pfizer Bivalent Admin Bivalent dose 0154A
91309 Moderna Admin 1st dose 0091A Admin 2nd dose 0092A Admin 3rd dose 0093A
91314 Moderna Bivalent Admin Bivalent dose 0144A

## **Pfizer Covid Vaccine Information**

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE PFIZER-BIONTECH COVID-19 VACCINE? Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system

WHO SHOULD GET THE PFIZER-BIONTECH COVID-19 VACCINE? FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 5 years of age and older.

WHO SHOULD NOT GET THE PFIZER-BIONTECH COVID-19 VACCINE? You should not get the Pfizer-BioNTech COVID-19 Vaccine if you had a severe allergic reaction after a previous dose of this vaccine or had a severe allergic reaction to any ingredient of this vaccine.