COVID-19 Vaccination Program Guidance

Priority Groups Eligible to be Vaccinated

All individuals age 12 and older are eligible to receive a Pfizer COVID-19 vaccine. However, minors ages 12 to 17 are NOT authorized to receive the Janssen or Moderna COVID-19 Vaccines. Individuals under 12 years of age are not currently eligible to receive ANY COVID-19 vaccine.

Minor Consent

For the purposes of this document, a minor is defined as an individual under the age of 18 years. Minors need parental or guardian consent to receive a COVID-19 vaccine, except in the rare instance where the minor is part of a group to whom the law gives the right to consent to their own care (e.g., emancipated minors, married minors, minors who are parents or pregnant, and minors in the military).

In general, it is strongly encouraged that a parent or legal guardian accompany a minor age 12 to 17 years to provide in-person consent for vaccination at each dose.

Vaccine Support/Medical Documentation Staff must document in the CDMS/Microsoft Notes section the name of the person providing consent for the minor. Verbal consent is allowed.

If a minor is unaccompanied, the provider will attempt to contact the parent or guardian by phone with a witness listening at the time of the minor's vaccination to provide consent to the provider. Providers can accept a written statement of consent from the parent or guardian, where the parent or guardian is not available by phone to provide consent to vaccinate an unaccompanied minor. The ECDOH COVID-19 Immunization Screening and Consent form may be considered for this purpose.

Erie County Department of Health will follow the above guidelines. All minors unaccompanied by a parent or guardian MUST bring the completed NYS COVID-19 Immunization Screening and Consent Form to the clinic or be able to contact parent or legal guardian by phone to provide consent. The Minor must also bring proof of date of birth (birth certificate, passport, learning permit/driver's license, benefits care, etc.) *and* photo ID (passport, learning permit/driver's license, school ID, etc.)

Erie County Department of Health

Public Health
Prevent. Promote. Protect.

COVID-19 Immunization Consent and Screening Form

Recipient Name
First **Middle** **Last**

Date of Birth
(MM/DD/YYYY)
____/____/____

Gender
- ☐ Male
- ☐ Female
- ☐ Other

Race
- ☐ Native American or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black
- ☐ Multiracial
- ☐ White
- ☐ Other
- ☐ Unknown
- ☐ No Response

Ethnicity
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown
- ☐ No Response

Address **City** **State** **Zip Code**

Parent/Guardian/Surrogate
Name **Relationship**

Phone (XXX-XXX-XXXX)

Email

Screening Questionnaire

1.	Is the recipient feeling sick today?	☐ Yes ☐ No ☐ Unknown
2.	In the last 10 days, has the recipient had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure?	☐ Yes ☐ No ☐ Unknown
3.	Has the recipient been treated with antibody therapy for COVID-19 in the past 90 days (3 months)? If yes, when did you receive the last dose?	☐ Yes ☐ No ☐ Unknown
4.	Has the recipient ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing, to any vaccine or shot or severe allergic reaction (anaphylaxis) to anything?	☐ Yes ☐ No ☐ Unknown
5.	Is the recipient pregnant or considering becoming pregnant?	☐ Yes ☐ No ☐ Unknown

6.	Does the recipient have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?	☐ Yes ☐ No ☐ Unknown
7.	Does the recipient take any medications that affect his/her immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?	☐ Yes ☐ No ☐ Unknown
8.	Does the have a bleeding disorder or are you taking a blood thinner?	☐ Yes ☐ No ☐ Unknown
9.	Has the recipient received a previous dose of the COVID-19 vaccine?	☐ Yes ☐ No ☐ Unknown

Emergency Use Authorization
The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Consent
I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses of this vaccine in order for it to be effective. I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

Recipient Parent/Surrogate/Guardian (Signature) Date / Time

Print Name Relationship to patient, if other than recipient

OR

Telephonic Interpreter's ID # Date / Time

OR

Signature: Interpreter Date/ Time

Print: Interpreter's Name Relationship to Patient

Revised May 20, 2021