Bureau of Infectious Disease Control

COVID-19 Vaccination Clinic After Visit Summary (AVS)
Recommendations for Vaccine Recipients

Thank you for getting the COVID-19 vaccine. **Please wait in the clinic area for 15 minutes after getting the vaccine in case you have any immediate side effects to the vaccine**. **If you have had any type of allergic reaction within several hours after being given another vaccine or injectable medication therapy, or if you have had a severe allergic reaction (like anaphylaxis) to anything in the past, you should wait and be monitored for 30 minutes after vaccination.** Serious reactions are rare, but we want to be careful. You can use that time to read this and other papers we gave you.

You likely will notice some symptoms after vaccination; this means that the vaccine is working and your body is developing protection against COVID-19. The most common symptoms are pain, redness, and swelling where the vaccine was injected, and some people experience swelling and pain in the armpit on the side where the injection took place. People also commonly have symptoms like headache, feeling very tired, having muscle or joint pains, feeling sick and throwing up, or even fever and chills. Most of the time these symptoms are mild, start 1-2 days after vaccination, and then go away on their own soon after. You can use acetaminophen or ibuprofen (medications like Tylenol, or Advil or Motrin) to help you feel better if you have any of these symptoms. You should also enroll in CDC's "v-safe" smartphone tool to tell the CDC if you have any side effects after getting the COVID-19 vaccine (you should have received separate instructions about how to sign up). This is important so we can track side effects people may be having from these new vaccines.

If you have symptoms that are severe, last longer than 2-3 days, or get worse, you should call your primary care provider to be evaluated, and you might need testing for COVID-19 depending on your symptoms. The COVID-19 vaccines can't give you COVID-19, but you could have been infected before, or soon after vaccination before the vaccine had a chance to work. If you don't have a healthcare provider, go to your local emergency department, urgent care center, or local community health clinic (please call ahead).

Serious reactions are rare, but can happen with any vaccine, even hours or days after a vaccine is given. If you have serious symptoms (like chest pains, a hard time breathing, feelings of a fast-beating or irregular/fluttering heart, face or throat swelling, a bad rash or hives, severe and persistent abdominal pain or headache, seizures, difficulty with speech or vision, leg swelling, or any other concerning symptoms) please get medical attention right away or call 9-1-1.

Please make sure you get all the recommended doses of your COVID-19 vaccine so that you are fully protected from COVID-19. Check with your healthcare provider if you have any questions about how many doses of a COVID-19 vaccine you should receive. Thank you again for doing your part to stop the spread of COVID-19 and protect yourself and your community. If you have questions or concerns about the vaccine, or experience any concerning side effects, please talk with your primary care provider. Other vaccine and COVID-19 information is on the CDC website: www.cdc.gov/coronavirus/2019-ncov.

Bureau of Infectious Disease Control

Pre-Vaccination Screening Questions for Persons 5-17 Years of Age

Receiving the Pfizer-BioNTech Vaccine

The following questions will help us determine if there is any reason your child should not get the COVID-19 vaccine. If you answer "yes" to any of the questions, it does not necessarily mean your child should not be vaccinated. It just means additional information may be needed. Please answer the questions below for your child who is receiving the vaccine.

Name of Person Receiving the Vaccine: ____

Date of Birth: _________________ **Age:** _______________

	Yes	No	Don't Know
1. Are you feeling sick today?	☐	☐	☐
2. Have you ever received a dose of a COVID-19 vaccine before? **If yes**, which COVID-19 vaccine product(s) were you previously given? ☐ Pfizer-BioNTech ☐ Moderna ☐ Janssen (Johnson & Johnson)	☐	☐	☐
3. Did you have an allergic reaction after a prior dose of any COVID-19 vaccine? (*Allergic reactions can include symptoms like rash, hives, swelling of the face or mouth, wheezing and difficulty breathing, etc.*) **If yes**, please specify the specific vaccine AND your allergic reaction: ____	☐	☐	☐
4. Do you have a known allergy to an ingredient in the Pfizer-BioNTech COVID-19 vaccine? *(See the provided age-appropriate FDA Fact Sheet for a list of vaccine ingredients)*	☐	☐	☐
5. Do you have a known allergy to polyethylene glycol (PEG)?	☐	☐	☐
6. Do you have a known allergy to polysorbate?	☐	☐	☐
7. Have you ever had any allergic reaction within 4 hours of receiving a non-COVID-19 vaccine or other injectable medication (including medications injected into a muscle, vein, or under the skin)?	☐	☐	☐
8. Have you ever had a severe allergic reaction (like anaphylaxis) due to any other cause, including to medications taken by mouth, food, or other substances?	☐	☐	☐
9. Did you develop myocarditis or pericarditis after receiving a prior dose of either the Pfizer-BioNTech or Moderna COVID-19 vaccine?	☐	☐	☐
10. Do you have a bleeding disorder or are you taking blood thinners?	☐	☐	☐
11. In the last 90 days, have you been given a COVID-19 antibody therapy to either treat COVID-19, or to prevent COVID-19 from developing after you were exposed to another person with COVID-19? (*Antibody therapies include monoclonal antibodies or a blood product called "convalescent plasma"*)	☐	☐	☐

Please sign below to confirm that the information on this form is accurate to the best of your knowledge:

Signature of Parent/Legal Guardian: ____

Printed Name of Parent/Legal Guardian: ____

Date: _________________

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