



# COVID-19 Consent & Medical Eligibility Form

For any Comirnaty® 6 months to 4 years old including XBB.1.5 Vaccines



Please answer the following questions with a yes or no answer

1. **Has this person ever had a serious allergic reaction (anaphylaxis) that needed medical treatment?**
  - i. **after having a previous dose of the Moderna (Spikevax®) or any Pfizer/BioNTech (Comirnaty®) COVID-19 Vaccines, OR** Yes  No
  - ii. **to any of the vaccine ingredients, including polyethylene glycol known as PEG?** Yes  No

If yes, they cannot have this vaccine. If no, GO TO NEXT QUESTION.
- 1a. **Have they ever had a serious allergic reaction (anaphylaxis) to Trometamol (an ingredient in a contrast dye used in MRI radiological studies)?** Yes  No 

If yes, they cannot get any Cominarty Children COVID-19 vaccine.

If no, GO TO NEXT QUESTION.
2. **Have they ever had a serious allergic reaction (anaphylaxis):**
  - i. **after taking multiple different medications, with no reason known for the reaction. This may mean they are allergic to polyethylene glycol (PEG) OR** Yes  No
  - ii. **After having a vaccine or medicine that contains polyethylene glycol, OR** Yes  No
  - iii. **for unexplained reasons. This may mean they are allergic to polyethylene glycol (PEG)?** Yes  No

If yes, they cannot get this vaccine, they may need specialist advice. Talk to the vaccination team.

If no, GO TO NEXT QUESTION.
3. **Have they ever had Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues)?** Yes  No 

If yes, they can still get the vaccine, BUT, they should be observed for 30 minutes after they are vaccinated.

If no and yes, GO TO NEXT QUESTION.
4. **Have they had Myocarditis (inflammation of the heart muscle) or Pericarditis (inflammation of the lining around the heart) after having a previous dose of COVID-19 vaccine?** Yes  No 

If yes, they need to answer a further question 4a.

If no, GO TO QUESTION 5.
- 4a. **Since they had myocarditis or pericarditis after a previous dose of the COVID-19 vaccine a specialist doctor must approve them to get this vaccine. Has their COVID-19 vaccination been approved by a specialist doctor?** Yes  No 

If yes, GO TO NEXT QUESTION.

If no, they cannot get this vaccine. They need to talk to their specialist doctor to check if they are suitable for this vaccine.
5. **Have they had multisystem inflammatory syndrome also called MIS-C (a rare syndrome usually treated in hospital) after a COVID-19 infection?** Yes  No 

If yes, please answer question 5a and 5b
- 5a. **Anyone receiving the Comirnaty Children vaccine will have to wait until they have clinically recovered from MIS-C. Have they clinically recovered from MIS-C?** Yes  No 

If yes, go to question 5b. If no, they will have to wait until they have clinically recovered.
- 5b. **Anyone receiving the Comirnaty Children vaccine will have to wait 90 days after the diagnosis of MIS-C before the vaccine is administered. Has it been over 90 days since MIS-C was diagnosed?** Yes  No 

If yes, they can be vaccinated today. If no, they will have to wait until they have clinically recovered.
6. **Have they had the Mpox or smallpox vaccine (Imvanex or Jynneos) in the last 4 weeks?** Yes  No 

If yes, they cannot get this vaccine today. They need to wait 4 weeks after getting these vaccines before getting a COVID-19 vaccine. If no, GO TO NEXT QUESTION



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**7. Have they ever been diagnosed with COVID-19 infection (with a PCR or Antigen test) or clinical diagnosis based on symptoms and /or other household members testing positive?**

If yes and receiving a first dose of a COVID-19 vaccine, they should delay getting a vaccine until they have recovered from COVID-19 and it has been at least four weeks since they tested positive or developed symptoms,

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

They only need one dose of a COVID-19 vaccine if they have a prior history of COVID-19 infection.

If no, those without a history of COVID-19 infection are recommended a second dose of vaccine at least 3 weeks after the first dose and ideally 4-8 weeks after the first dose.

GO TO NEXT QUESTION.

**8. Does this person have a bleeding disorder or are they on anticoagulation therapy?**

If no, they are eligible. GO TO NEXT QUESTION.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, GO TO NEXT QUESTION if the vaccinator approves vaccination with their bleeding disorder.

**If receiving the second dose of a primary course or additional doses, answer questions 1-8 and the relevant questions below.**

**Please answer the following questions with a yes or no answer**

**Complete this section if the person is getting any dose after the first because they have a weak immune system**

**9. If they are receiving a second dose of a primary course because they have a weak immune system, has it been at least 4 weeks since their first dose of vaccine?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, go to question 9a.

If no, they should wait at least 3 interval weeks since their last dose.

**9a. Have they been diagnosed with COVID-19 infection since their last dose of a COVID-19 vaccine?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, they should wait at least 4 weeks from when they tested positive or developed symptoms or when they were clinically diagnosed based on a household member testing positive.

If no, GO TO NEXT SECTION.

**9b. If they are receiving an extended dose of a primary course because they have a weak immune system, has it been at least 4 weeks since they last dose of COVID-19 vaccine? If yes, go to question 9c**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If no, they should wait at least 4 weeks since their last dose.

**9c. Have they had COVID-19 infection since their last COVID-19 vaccine dose?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, speak to your vaccinator.

If no, GO TO NEXT SECTION.

If the vaccine is approved by the vaccinator go to question 10.

**10. Have they had any other vaccines in the last 14 days, or are you planning on them getting any other vaccines in the next 14 days?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, you cannot get this vaccine today.

If no, they are eligible for vaccination.