

PEDIATRIC (5-11 years) COVID-19 VACCINE SCREENING AND IMMUNIZATION DOCUMENTATION

OMB No. 0720-0068
OMB approval expires:
August 31, 2024

PRIVACY ACT STATEMENT

AUTHORITY: DHA-IPM 20-004, "DoD Coronavirus Disease (COVID-19) Vaccination Program Implementation"; Public Law 104-191, 10 U.S.C., Chapter Ch. 55, Medical and Dental Care;

PURPOSE: To determine if the COVID-19 vaccine can be administered to the patient.

ROUTINE USES: Information in your records may be disclosed to other components within the MHS for the purpose of continuing medical care and determining military readiness. Additionally, this information may be shared with the Departments of Veterans Affairs and Health and Human Services and other local, state, and federal public health agencies for the purposes of satisfying public health and vaccination reporting requirements and responding to the COVID-19 pandemic.

Any protected health information (PHI), including mental health and substance abuse information, in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoDM 6025.18. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. A complete listing of the applicable routine uses may be found in the associated System of Records Notice (SORN).

APPLICABLE SORN: EDHA 07, Military Health Information System (June 15, 2020, 85 FR 36190) <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNS/DHA/EDHA-07.pdf>

DISCLOSURE: Voluntary. If you choose not to provide your information, no penalty may be imposed, but there may be a delay in the appropriate medical entry in your electronic health record.

1. NAME (Last, First, Middle Initial)	2. DoD ID or Unique Identifier	3. DATE OF BIRTH (YYYYMMDD)	4. AGE
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PART I – COMPLETED BY PARENT OR LEGAL GUARDIAN		YES	NO
(1) Would you like to speak with a healthcare team member before your child receives the COVID-19 vaccine?		<input type="checkbox"/>	<input type="checkbox"/>
(2) Is your child currently sick, feel ill, or have a fever over 100°F?		<input type="checkbox"/>	<input type="checkbox"/>
(3) Has your child received a COVID-19 vaccine before? If so, how many doses? <input type="checkbox"/> 1 <input type="checkbox"/> 2 Which one _____ Date of last dose _____		<input type="checkbox"/>	<input type="checkbox"/>
(4) Has your child had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?		<input type="checkbox"/>	<input type="checkbox"/>
(5) Does your child have hemophilia or other bleeding disorder or take a blood thinner?		<input type="checkbox"/>	<input type="checkbox"/>
(6) Could your child be pregnant?		<input type="checkbox"/>	<input type="checkbox"/>
(7) Does your child have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>
(8) Are you planning for your child to receive other vaccines in addition to COVID-19 vaccine, today? (While it is a CDC best practice to administer multiple vaccines at a single visit, it is currently unknown whether the response to the COVID-19 vaccination will be affected by the co-administration of other vaccines.)		<input type="checkbox"/>	<input type="checkbox"/>
(9) Has your child received a monoclonal antibody preparation or Convalescent Plasma within the past 90 days?		<input type="checkbox"/>	<input type="checkbox"/>
6. ACKNOWLEDGMENT I have read or had explained to me the information in the Vaccine Information Fact Sheet For Recipients And Caregivers About the Pfizer-BioNTech COVID-19 Vaccine To Prevent COVID-19 For Use In Individual 5 Through 11 Years Of Age. I have also had a chance to ask questions for myself and/or child, including vaccine co-administration, if applicable.		<input type="checkbox"/>	<input type="checkbox"/>

a. FORM COMPLETED BY (print name):	b. DATE:
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PART II – COMPLETED BY SCREENER	
7. ASSESSMENT <input type="checkbox"/> Pfizer-BioNTech, Pediatric <input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2 <input type="checkbox"/> Do not give COVID-19 vaccine today. <input type="checkbox"/> Refer to experienced provider for further evaluation	8. Vaccine Information Material provided (check box) <input type="checkbox"/> Fact Sheet For Recipients And Caregivers About The Pfizer-BioNTech COVID-19 Vaccine To Prevent COVID-19 For Use In Individuals 5 through 11 Years Of Age. 9. SCREENER INFORMATION a. NAME _____ b. DATE (YYYYMMDD) _____

PART III – COMPLETED BY VACCINATOR	
10. VACCINE ADMINISTERED <input type="checkbox"/> Pfizer-BioNTech, Pediatric (5-11 years)	11. LOT #: _____ 12. EXPIRATION DATE: (YYYYMMDD) _____ 13. DOSE: <input type="checkbox"/> 0.2 mL IM
14. SITE: <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh	
15. COMMENTS:	
16. VACCINATOR INFORMATION	a. NAME: _____ b. DATE: (YYYYMMDD) _____
17. ASIMS / AHLTA / MHS GENESIS Entry	a. NAME: _____ b. DATE: (YYYYMMDD) _____

Information for Healthcare Professionals about Screening Questions

(1) Would you like to speak with a healthcare team member before your child receives the COVID-19 vaccine?

These are new vaccines for which there are, understandably, many questions. The potential vaccinee should be afforded ample opportunity to read the FDA-provided EUA Vaccine Fact Sheet and to ask questions prior to vaccination. The staff will not hesitate to refer an individual to an experienced healthcare provider to address questions or concerns regarding the vaccine.

(2) Is your child currently sick, feel ill, or have a fever over 100°F?

People with moderate or severe illness should not be vaccinated until their symptoms improve. Mild illnesses, even with fevers or requiring antibiotics, should not preclude receipt of COVID-19 vaccine. There is no evidence that acute illness reduces vaccine efficacy or increased vaccine adverse events.

(3) Has your child received a COVID-19 vaccine before? If so, how many doses 1 2 ? Which one _____? Date of last dose _____?

There is currently only one vaccine authorized for children 5-11 years of age. The primary Pfizer-BioNTech pediatric vaccine is a two dose primary series administered 21 days apart. At this time, booster doses for children 5-11 years of age have not been authorized by the FDA nor recommended by the CDC. If an individual is a participant in a COVID-19 Vaccine Trial, they should indicate 'yes' to this question and for "which vaccine" state "UNKNOWN". Direct such trial participants to contact their Study's Director to learn whether they received the active vaccine or an inactive placebo and to receive further counseling and guidance from the Study Director before receiving an authorized COVID-19 vaccine. If a study participant chooses to receive the authorized vaccine, it is recommended these two different COVID-19 vaccines be separated by a minimum of four weeks.

(4) Has your child had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?

Patients reporting a serious reaction to a previous dose of COVID-19 vaccine, any vaccine, or injectable therapy (intramuscular, intravenous, or subcutaneous), should be asked to describe their symptoms. There is a remote chance that a COVID-19 vaccine could cause a severe allergic reaction. (1) Persons who have had a severe allergic reaction to the first dose of an mRNA COVID-19 vaccine should not receive a 2nd mRNA COVID-19 vaccine. (2) An allergic reaction to any other vaccine or injectable therapy (such as chemotherapeutic agents) is a precaution to COVID-19 vaccination. Such individuals should be counseled that the risk of COVID-19 vaccine is unknown, and they should seek the advice of a medical specialist. If these individuals, or those with a history of anaphylaxis for any other cause, elect to be vaccinated, they should be observed for 30 minutes afterward. (3) A history of a significant, non-anaphylactic, reaction to a non-injectable medicine, food, latex, or pollen allergy does not preclude receipt of a COVID-19 vaccine. Mild-to-moderate non-allergic, flu-like symptoms, or vaccination site reactions are not a reason to withhold future vaccination. However, moderate-to-severe non-allergic reactions should be evaluated by an experienced provider prior to vaccination.

(5) Does your child have hemophilia or other bleeding disorder or take a blood thinner?

People with bleeding disorders or treated with blood thinners should be counseled that they may have an increased risk of developing a hematoma following any intramuscular injection. If feasible, intramuscular vaccination may be delayed until shortly after anti-hemophilia therapy or alternation in their blood thinner regimen. Alternatively, a fine needle (≤ 23 gauge) can be used for vaccination and firm pressure applied to the site (without rubbing) for at least 2 minutes.

(6) Could your child be pregnant?

Vaccination is recommended for people who are pregnant or breastfeeding. A growing body of evidence on the safety and effectiveness of COVID-19 vaccination - in both animal and human studies - indicates that the benefits of vaccination outweigh any known or potential risks of COVID-19 vaccination during pregnancy. If a person becomes pregnant following the first dose of a COVID-19 vaccine that requires two doses (i.e., Pfizer-BioNTech COVID-19 Vaccine or Moderna COVID-19 Vaccine), the second dose should be administered as indicated for the person to have maximum protection.

(7) Does your child have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)?

Immunocompromised individuals should be counseled that neither the safety nor efficacy of the COVID-19 vaccines have been studied in individuals with weakened immune systems resulting from congenital defect, disease, medications, or treatments. Non-live COVID-19 vaccines (those currently approved or under study in the US) may be administered to immunocompromised patients, although the protective benefit may be suboptimal. Vaccinated immunocompromised individuals need to continue to follow all current guidance to protect themselves against COVID-19.

(8) Are you planning for your child to receive other vaccines in addition to COVID-19 vaccine, today?

COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as co-administration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with co-administration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to co-administer another vaccine(s) with COVID-19 vaccine, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of vaccines. Prior to co-administration, patients will be advised of the above and reminded that vaccination with a FDA EUA COVID-19 vaccination is voluntary. Requests by vaccine recipients to receive EUA COVID-19 vaccination separate from other vaccinations must be accommodated.

(9) Has your child received a monoclonal antibody preparation or Convalescent Plasma within the past 90 days?

Currently there is no data on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, however the ACIP recommends that COVID-19 vaccination be deferred for 90 days after receipt to avoid a possible impact on COVID-19 vaccination by prior antibody treatment. However, providers and patients can consider COVID-19 vaccination in such treated individuals within this 90-day window on a case-by-case basis with shared clinical decision-making.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

The Defense Health Agency-Immunization Healthcare Division (DHA-IHD) is available to 24/7 to assist patients and healthcare providers with clinical concerns at 877-438-8222, DSN 761-4245.