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Department of Health
Munaqhiqiyitkut
Ministère de la Santé

**Pfizer-BioNTech
COMIRNATY®
BIVALENT (Original &
Omicron BA.4/BA.5)
COVID-19 Vaccine
Consent Form**

Please fill in or put label:

Last Name _____

First Name _____

Community _____

DOB (dd/mm/yyyy) _____

Please ensure name, community, and date of birth are completed above.

Health card number (if known): _____ Phone: _____

Gender: Man Woman _____ (Prefer to self-describe) Age: _____

Parent/guardian information:

Name: _____ Phone: _____

For the person receiving the vaccine, please answer:

Have you received a primary series of a COVID-19 vaccine (2 doses for most people)? YES NO

What date was your previous dose? _____ dd / Month / yyyy _____

		YES	NO
1.	Do you feel sick with a fever today?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you or your child had COVID-19 <i>You can still receive the vaccine if you've had or think you've had COVID-19 before.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you, or could you be pregnant? (You will still be offered the vaccine.)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did you have any side effects after any previous doses?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a bleeding disorder or are you taking any medications that could affect blood clotting?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you have had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you allergic to polyethylene glycol (PEG)** which is an ingredient in the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever had a severe allergic reaction for which you were prescribed an EpiPen?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been diagnosed with myocarditis or pericarditis*** following administration of a COVID-19 vaccine? (If yes, please do not proceed with vaccination today).	<input type="checkbox"/>	<input type="checkbox"/>

** Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, cosmetics, skin creams, contact lens solution.

*** Very rare cases of myocarditis and pericarditis following vaccination have been reported. The decision to receive a COVID-19 vaccine with a history of myocarditis or pericarditis should be made by the office of the Chief Public Health Officer.

CONSENT FOR Pfizer-BioNTech COMIRNATY® BIVALENT (Original & Omicron BA.4/BA.5) COVID-19 Vaccine:

- I understand the benefits and possible reactions for the Pfizer-BioNTech COMIRNATY® BIVALENT (Original & Omicron BA.4/BA.5) COVID-19 Vaccine and the risk of not getting immunized.
- I have had the opportunity to ask questions and to have them answered to my satisfaction.
- I consent to Pfizer-BioNTech being given to: my child my ward myself

Print Name

Signature of Client or Parent/Legal Guardian

Date (dd/mm/yyyy)