# What to Expect: COVID-19 **Shots for Children Ages 5-11**

## A vaccine clinic is coming to your child's school

- Your child needs two shots. They need the second shot three weeks after the first shot. The vaccine clinic comes back to your school to give the second shot.
- Your child will get the Pfizer vaccine. This is the vaccine that is available for kids ages 5 to 11.
- You will get forms to fill out in advance for your child. Your child can get the vaccine even if you cannot be there. Sign the consent form. We will call you on the telephone if there are any questions.
- Your child will get a white CDC COVID-19 vaccine record card. Bring your child's yellow childhood immunization card, if COVID-19 Vaccination Record Card you have one. We will update the yellow card too.

## At the Vaccine Clinic

- Public Health staff greet you and your child and review the forms.
- We enter information from the forms into our registration system.
- A nurse answers your questions and gives the shot. You stay with your child while they get the shot.
- You receive vaccine record cards. You and your child wait in the observation area at least 15 minutes after vaccination.
- If this is your child's first dose of vaccine, we schedule a second dose appointment at the same location.





**(408) 970-2000** 





# Frequently Asked Questions For Parents



#### Why should I vaccinate my child?

Children can get sick from COVID-19. Some children get rare but severe complications from the COVID-19 virus. The vaccine is the best protection.

A child can also spread COVID-19 to other people even if that child does not have symptoms. The vaccine is the best prevention.

Vaccinated children will be able to participate in more activities and attend more events.

## Is my child eligible for the vaccine?

Yes! All children ages 5 to 11 will be eligible for the Pfizer vaccine. Children with allergies to food or animals should get the COVID-19 vaccine. You can speak with a nurse at the clinic if you have concerns. If your child is sick with COVID-19 right now, they must wait until they get better to get the vaccine.

# My child got sick with COVID-19 in the past. Do they still need to get the vaccine?

Yes. Having COVID-19 does not prevent your child from getting the virus again. The vaccine is the best protection to prevent your child from getting COVID-19 again.

# Is the vaccine for children the same as the one for adults?

The Pfizer vaccine for children age 5 to 11 is a smaller dose than the Pfizer vaccine for adults. It is one-third of an adult dose. Just like adults, children need two doses of the vaccine, three weeks apart.

# How do I know the vaccine is effective and safe for children?

Studies found that the vaccine for children is safe and works well to protect children from COVID-19. Hundreds of millions of adults have already taken the safe and effective Pfizer vaccine.

# I cannot go with my child to the clinic. Can they get vaccinated without me?

Yes. If the consent form is complete and signed, your child can get vaccinated without a parent or guardian present. A parent or guardian may need to be available by phone during the time of the appointment. The consent form can be found at sccFreeVax.org.







# Does the vaccine have any side effects?

Some people feel mild side effects after vaccination. Common side effects are redness where the shot was given, muscle aches, and fever.

Does the vaccine affect fertility?

No. There is no effect on female or male fertility.

Are COVID-19 vaccines linked to heart health problems?

Heart health problems are very rare. Symptoms are usually mild and can be treated. COVID-19 disease causes more serious health problems than the vaccine. The vaccine is the best protection against COVID-19 heart health problems.

What if my child has a fear of needles or history of fainting when getting shots?

Our staff keep children feeling comfortable and safe during vaccination. You can hold your child on your lap while they get the shot.

Can my child go to school if they don't feel well soon after being vaccinated?

If your child has fever, headache, chills, or body aches soon after vaccination, they should stay home.

- If they are better within 48 hours, your child can go back to school.
- If they still feel sick longer than 48 hours, keep your child at home and talk to your child's doctor to make sure they don't have COVID-19 or another infection.
- Please remember, the vaccine can't give your child COVID, but they could have been infected just before getting vaccinated.













Please fill out all the pages of your child's forms. Make sure the forms are complete and accurate. This guide helps answer your questions.

Page 1

Page 2

Page 3

Page 4

MRN (Medical Record Number):		
SANTA CLARA		
COVID-19 Vaccine Screening Form		
ast Name: First Name:		
late of Birth:		
mergency Contact Name and Phone number:		
lave you ever received a dose of the COVID-19 Vaccine?  Ves. Which vaccine product?  Pfizer   Moderna   Januarn Dohnson & Johnson)   Other		
	ED 111	
re you here today for an additional dose of vaccine after completing 2 doses of Pfizer or Moderna? — Yes	C/No	
l you answer "yes" to any question below, it does not necessarily mean you should not be vacci ust means additional questions may be asked.	nated. If	
	Yes No	
Have you ever had an allergic reaction to any of the following?		
Previous dose of the COVID-19 Vaccine		
<ul> <li>Component of the COVID-19 vaccine, including polyethylene glycol (PEIG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures</li> </ul>		
Polysorbate		
offent) or that caused you to go to the hospital. It would also include an allergic reaction that occurred within hours that caused hives, swelling, or respiratory distress, including wheezing.		
. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or		
an injectable medication?		
Have you ever had a severe allergic reaction (e.g., anaphylaxis) to anything? This would		
include food, pet, environmental, or oral medication allergies.		
. Have you received antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19 in the last 90 days?		
Do you have a bleeding disorder or are you taking a blood thinner other than Aspirin?		
In the last 3 months, have you had a Stem Cell/Bone Marrow Transplant or undergone Cellular Therapy (CAR T Cell therapy)?		
. Are you currently undergoing chemotherapy for acute leukemia?		
you have dermal fillers: You may develop temporary swelling at or near the filler injection site	ather	
dose of a COVID-19 vaccine. Please contact your healthcare provider if swelling develops at o its of dermal filler following vaccination.	r near the	
you have a weakened immune system: The vaccine effectiveness in immunocompromised		
opulations is unknown. You may have a reduced immune response to the vaccine. Some		
theumatologists recommend altering immunosuppressant medications. Please speak to your he	eithcare	
rovider before proceeding to vaccination if you would like to discuss this further.		
you are pregnant or breastfeeding: The FDA authorized COVID-19 vaccines for pregnant ar	nd	
reasifieeding people. They are not live vaccines. Based on current knowledge, experts believe t		
enefits of receiving Covid-19 vaccines outweigh any known or potential risks to the pregnantifal erson or the fetus/baby.	tueng	
erson or the return beay.		
Office Use Only: Revised M	M88/2021	
Notes: Thin Needle +2 min	30 Minute	

- nearth sy	stem	[Patient Sticker Demographics]
	CONSENT TO COVID-19	VACCINATION
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(or if legal representative, the pe been answered to my satisfaction the vaccine be given to me / the	orson I am representing is receiving on. I understand the risks and bene- te person for whom I am the legal :	Fact Short for the COVID-19 vaccine that I am recoint I have had an opportunity to aid questions, which ha fits of receiving the COVID-19 vaccine and request if gressmatrics. I understand that my vaccination will high will allow for coordinated care between my heal
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SECOND DOSE ACKNOWN		
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COVID-19 Vaccine Intake Form					
First Name:	Middle Initial:	Last Name:			
Date of Birth (mm/dd/yyyy):	Gender:  □ Male □ Nonbinary  □ Female □ Urknown	Phone Number:			
Address (Street, City, State, 2	Sp Code):				
Email Address:		Preferred Language:			
Race		Ethnicity			
C) (1) Alaska Native	C) (15) Hispanic or Latino	Cl (1) Central American			
[] (2) Asian, Cambodian	☐ (16) Native American	□ (2) Cuban			
Cl (3) Asian, Chinese	C) (17) Pacific Islander	Cl (3) Dominican			
□ (4) Asian, Filipino	☐ (18) Pacific Islander,	☐ (4) Latin American			
C) (5) Asian, Indian	Guamanian	☐ (4) Mexican			
□ (6) Asian, Japanese	Cl (19) Pacific Islander, Hawaiian				
C) (7) Asian, Korean	☐ (20) Pacific Islander, Samoan				
C) (R) Asian, Laotian	C) (21) Patient Declined/ Unable to specify				
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C) (13) Black, African	C) (25) White, North American				
C) (14) Black, Other	C) (26) White, Other				

WALLEY MODICAL CENTER NUMBER OF A CHOICE			
Data Collection for COVID-19 Vaccine Equity			
Please check any of the items below if they apply to you:			
I am a Migratory/Seasonal Agricultural Worker	□ Yes □ No □ Declined to Answer		
I am experiencing homelessness	O Yes O No O Declined to Answer		
I receive Section 8 Housing subsidy I have limited ability to speak in English or read/write in English	O has O has O beginned to Answer		
I have limited ability to speak in English or read/write in English	Difes D No D beclined to Answer		
Do you have any type of disability including physical disability or visual/hearing disability, intellectual or learning disability?	mobility limitations, mental health disability,		
tons, our of course, our or	Die Das Determination		
Por favor, marque cualquiera de los siguientes puntos que le come			
Soy un trabajador agrícula migratorio o de temporada	DS: O No G Declino responder		
No tengo hogar	☐ Si ☐ No ☐ Declino responder		
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mental, la discapacidad visual/auditiva, la discapacidad intelectu	od o de aprendicipe?  D ti D No D Declina responder		
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	09/02/21		

Write in your child's last name and first name. Use the spelling and names that match your legal documents. If your child has multiple last names, please include all of them. This will help us find your records in the future.

#### Page 1

Last Name:		First Name:
Date of Birth:		
Emergency Con	tact Name and Phone number:	

If your child received a COVID-19 vaccine in another country, please check "yes."

#### Page 1

Have you ever received a dose of the COVID-19 Vaccine? ☐ Yes ☐ No
If yes, which vaccine product? ☐ Pfizer ☐ Moderna ☐ Janssen (Johnson & Johnson) ☐ Other
Are you here today for an additional dose of vaccine after completing 2 doses of Pfizer or Moderna?







For most of these questions, your child should still be vaccinated if you answer "yes." If you answer "yes," the nurse will ask additional questions at the clinic.

#### Page 1

		Yes	No
	Have you ever had an allergic reaction to any of the following?  Previous dose of the COVID-19 Vaccine		
	<ul> <li>Component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures</li> <li>Polysorbate</li> </ul>		
Epil	s would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or Pen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within ours that caused hives, swelling, or respiratory distress, including wheezing.		
2.	Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?		
3.	Have you ever had a severe allergic reaction (e.g., anaphylaxis) to anything? This would include food, pet, environmental, or oral medication allergies.		
4.	Have you received antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19 in the last 90 days?		
5.	Do you have a bleeding disorder or are you taking a blood thinner other than Aspirin?		
6.	In the last 3 months, have you had a Stem Cell/Bone Marrow Transplant or undergone Cellular Therapy (CAR T Cell therapy)?		
7.	Are you currently undergoing chemotherapy for acute leukemia?		

#### Have you ever had an allergic reaction to any of the following?

- Previous dose of the COVID-19 vaccine
- Component of the COVID-19 vaccine, including polysorbate or polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures

These allergic reactions are very rare. This <u>does not</u> include allergic reactions to food, pets, bee sting, or other vaccines, This question only asks if your child has ever had an allergic reaction to parts of the COVID-19 vaccine.

Answer "yes" if your child had a severe allergic reaction (such as anaphylaxis) to a part of the COVID-19 vaccine. This includes hives, swelling, or trouble breathing, including wheezing within 4 hours.





## Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or another injectable medication?

If you answer "yes," your child can still get vaccinated. A history of allergic reaction within 4 hours to any other vaccine will alert the clinic staff to be more cautious. Your child will need to wait for 30 minutes after vaccination in the rare case that an allergic reaction occurs.

## Have you ever had a severe allergic reaction (anaphylaxis) to anything? This would include food, pet, environmental, or oral medication allergies.

If you answer "yes," your child can still get vaccinated. A severe allergic reaction means your child had trouble breathing, needed an EpiPen, or went to the hospital because of the allergic reaction. You do not need to mark "yes" if your child gets watery eyes or a stuffy nose when they are near foods, animals, or pollen.

## Have you received antibody therapy (monoclonal antibodies or convalescent serum) as a treatment for COVID-19 in the last 90 days?

If your child was sick with COVID-19 <u>and</u> they received monoclonal antibody treatment, wait 90 days before getting your child vaccinated.

#### Do you have a bleeding disorder or are you taking a blood thinner other than Aspirin?

If your child has a bleeding disorder or takes blood thinner, they can still get the vaccine. If this applies, the vaccinator will use a thinner needle. This special needle is only needed if your child has a bleeding disorder or is taking a blood thinner. Your child should not stop taking Aspirin or any anticoagulant before vaccination.

## In the last 3 months, have you had a Stem Cell/Bone Marrow transplant or undergone Cellular Therapy (CAR T Cell therapy)?

Patients who have had T cell therapy or gotten a stem cell or bone marrow transplant may be immunocompromised. This makes them more likely to get COVID-19. It is highly recommended for those patients to get the vaccine. Talk to your child's doctor about a third dose if this applies.

#### Are you currently undergoing chemotherapy for acute leukemia?

Like patients who have had T cell therapy, children with leukemia who are actively getting chemotherapy have weaker immune systems, and are more at risk to contract COVID-19 virus. It is highly recommended that these children get vaccinated. Talk to your child's doctor about a third dose if this applies.





The consent form says that you understand your child will be receiving the COVID-19 vaccine and that a digital record of their vaccine will be entered into the California Immunization Registry (CAIR). If this is your child's first dose, it also says that you understand that your child will need to come back for a second dose in order to be fully immunized. QR codes at the bottom of the page connect you to more about the vaccines online.

Moderna Fact Sheet (Paper copy available upon request)	Pfizer Fact Sheet (Paper copy available upon request)	Johnson & Johnson Fact Sheet (Paper copy available upon request)

#### Page 2

COUNTY OF S		
Health Sy	stem	market and the market of
•		[Patient Sticker/Demographics]
	CONSENT TO COVID-19	VACCINATION
	you for vaccination and insurance	dividuals who meet State of California criteria for is not required. However, if you have health insuran
(or if legal representative, the po- been answered to my satisfaction the vaccine be given to me / th	orson I am representing is receiving on. I understand the risks and bene e person for whom I am the legal	Fact Sheet for the COVID-19 vaccine that I am receiving I have had an opportunity to ask questions, which he fits of receiving the COVID-19 vaccine and request representative. I understand that my vaccination will which will allow for coordinated care between my heat
plan, health benefit plan, or oth direct payment to the County of exceed the charges listed in the pursuant to this authorization of	r to the County all rights, benefits, er source of payment for my care. ' 'all insurance and health plan bone charge description masters. I agree hall discharge its obligations to the	and any other interests in connection with any insuran this assignment includes assigning and authorizing fits payable for this outputient service, at a rate not to that the insurer or plan's payment to the County extent of such payment. I agree to cooperate with, and
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A parent or guardian must sign to give consent for anyone under age 18. To allow your child to be vaccinated, sign the first line. Write your child's name on the second line and today's date. Then write out your full name in print on the third line, and your relationship to your child (for example, mother, uncle) on the bottom line.

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I certify that I am the patient, the patient's leg and accept its terms on the patient's behalf.	al representative, or otherwise authorized by the patient to sign the above
Signature (patient or legal representative):	
Patient Name:	Date:
Parent/Guardian printed name (if applicable):	
If not patient, indicate relationship to patient:	

Include all of your child's last names if they have more than one. Please write the date of birth in the format of Month/Day/Year. Include your phone number, address, and email address. Your contact information will be used to contact you about your child's second dose. Please also include your preferred language, so we can contact you in the language you prefer.

Pag	e 3
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First Name:	Middle Initial:		Last Name	:
Date of Birth (mm/dd/yyyy):	Gender:		Phone Nu	mber:
	☐ Male	□ Nonbinary	☐ Home	□ Mobile
	□ Female	☐ Unknown		
Address (Street, City, State, Z	ip Code):			
Email Address:			Preferred	Language:







Race and ethnicity are collected to determine different populations' vaccine rates. You may check off more than one race. If you do not wish to answer, check "(21) Patient Declined". Please also select an ethnicity. If your child is not Hispanic or Latino, you may check "(5) Not Hispanic or Latino" for ethnicity.

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Race		Ethnicity
□ (1) Alaska Native	(15) Hispanic or Latino	(1) Central American
□ (2) Asian, Cambodian	(16) Native American	☐ (2) Cuban
(3) Asian, Chinese	□ (17) Pacific Islander	☐ (3) Dominican
(4) Asian, Filipino	□ (18) Pacific Islander,	(4) Latin American
(5) Asian, Indian	Guamanian	☐ (4) Mexican ☐ (5) Not Hispanic or Latino ☐ (6) Other Hispanic or Latino
(6) Asian, Japanese	□ (19) Pacific Islander, Hawaiian	
☐ (7) Asian, Korean	□ (20) Pacific Islander, Samoan	
(8) Asian, Laotian	☐ (21) Patient Declined/ Unable	☐ (7) Patient Declined/Unable
(9) Asian, Other	to specify  (22) White, Arab  (23) White, European	to Specify  (8) Puerto Rican  (9) South American
(10) Asian, Pakistani		
(11) Asian, Vietnamese		
(12) Black, African-American	☐ (24) White, Middle Eastern or North African	☐ (10) Spaniard
□ (13) Black, African	(25) White, North American	
☐ (14) Black, Other	(26) White, Other	

The final set of questions is to help promote vaccine equity. Please answer all five questions, including the bolded question at the bottom. Answer the questions as they apply to your child, not as they apply to you. For example, if you are a migratory worker but your child is not, you would select "No." However, if you receive Section 8 Housing and your child lives with you, they are also receiving this housing and you would select "Yes." These questions are optional, so if you do not wish to answer them check "Declined to Answer" for all five questions.

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Data Collection for COVID-19	Vaccine Equity
Please check any of the items below if they apply to you:	
I am a Migratory/Seasonal Agricultural Worker	☐ Yes ☐ No ☐ Declined to Answer
I am experiencing homelessness	☐ Yes ☐ No ☐ Declined to Answer
I receive Section 8 Housing subsidy	☐ Yes ☐ No ☐ Declined to Answer
I have limited ability to speak in English or read/write in English	☐ Yes ☐ No ☐ Declined to Answer
Do you have any type of disability including physical disability or m	nobility limitations, mental health disability,
visual/hearing disability, intellectual or learning disability?	☐ Yes ☐ No ☐ Declined to Answer

The remaining questions on this page are these same five questions in different languages. You only need to answer the questions in your language.

Please check your forms to make sure all four pages are complete and accurate. This is especially important if you will not be going with your child when they get vaccinated. Bring the signed consent form and all completed forms. Also bring your child's yellow childhood immunization card if you have it.





