



Australian Government

Consent form for

COVID-19 vaccination: children aged 5 to 11 years

# COVID-19 VACCINATION

Before you fill out this form, make sure you read the information sheet above on the Comirnaty (Pfizer) COVID-19 vaccine.

Last updated: 14 December 2021

## Consent Checklist

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Has your child recently been sick with a cough, sore throat, or fever, or been feeling unwell in any way?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your child had COVID-19 before?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your child had a COVID-19 vaccination before?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your child had a serious reaction to a vaccine or medication?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child have a weakened immune system (immunocompromise) or any immune disorders?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child have a bleeding disorder or other blood disorder, or take any medicine to thin their blood?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has your child ever had any problems with their heart?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a parent/guardian/substitute decision maker who has the authority to provide consent for vaccination on behalf of this child? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **Yes** to any of questions 1 to 7, your child may still be able to receive the Pfizer COVID-19 vaccine, however you should talk to your child's GP, immunisation specialist or cardiologist first to discuss the best timing of vaccination and whether any additional precautions are needed.

## Child's information

Name:												
Medicare number:												
Individual Health Identifier (IHI) if applicable:												
Date of birth:												

Address:	
Gender:	
Language spoken at home:	
Country of birth:	

Is your child Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only  
 Yes, Torres Strait Islander only  
 Yes, Aboriginal and Torres Strait Islander  
 No  
 Prefer not to answer

**Parent/guardian details**

Parent/guardian name:	
Phone contact number:	
Email address:	

**Consent to receive COVID-19 vaccine**

I confirm that:

- I have received and understood information provided to me on COVID-19 vaccination for the child named above  
 none of the above conditions apply to this child, or that I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider  
 I am the child's parent, guardian, or substitute decision-maker  
 I have the authority to provide consent for this child and I agree to the child named above receiving the Pfizer COVID-19 vaccine.

Parent/guardian/substitute decision-maker's name:	
Parent/guardian/substitute decision maker's signature:	
Date:	