

Checklist for children aged 12 to 15 year being vaccinated in schools: Pfizer BioNTech Covid-19 Vaccine

Please complete the following checklist for your child. If you tick yes to any of the answers below, we may contact you for further information. Please let the school know if anything changes prior to the date of your child's Covid immunisation session.

Has your child	If yes, please tick	If you ticked the box, please provide further details
Ever had a Covid vaccine before? (For example as part of a trial, or because they are in an at risk group)	<input type="checkbox"/>	What date(s) Did they have any reaction or adverse events?
Had an illness with a temperature (fever) in the last week?	<input type="checkbox"/>	
Had any other vaccines in the last 7 days?	<input type="checkbox"/>	
Got any long-term medical conditions that require on-going hospital treatment or are they waiting to see a specialist?	<input type="checkbox"/>	
Had a positive Covid test in the last 4 weeks?	<input type="checkbox"/>	If yes, what date(s)
Ever had to go to hospital following a severe allergic reaction?	<input type="checkbox"/>	

Name and signature of person completing this form:

Contact no:

Name of child:

Date form completed: