

2025-2026 COVID-19 VACCINE SCREENING QUESTIONS AND OFF-LABEL ATTESTATION

- 1) Have you ever had an allergic reaction to the COVID vaccine? **Y**____**N**____
- 2) Do you have a history of myocarditis or pericarditis? **Y**____**N**____
- 3) Do you have a history of multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A)? **Y**____ **N**____

The current FDA approved criteria for the COVID-19 vaccine are those 65 years old and older and those under 65 with one or more of the following underlying conditions: Asthma, Blood cancers, Cerebrovascular diseases, Chronic kidney disease, Some chronic lung diseases, Some chronic liver diseases, Cystic fibrosis, Type 1 and 2 diabetes, Gestational diabetes, Disabilities including Down syndrome, Heart conditions, HIV, Mood disorders, including depression and schizophrenia, Dementia, Parkinson's disease, Obesity, Physical inactivity, Current or recent pregnancy, Primary immunodeficiencies, Current or former smoking, Solid organ or blood stem cell transplant recipients, Tuberculosis or Use of immunosuppressive drugs.

I meet the above criteria and would like to receive the COVID-19 vaccine:

Patient or Parent signature_____ **Date**_____

I do not meet the current FDA approved criteria for the COVID-19 vaccine and I would like to receive the vaccine off-label:

Patient or Parent signature:_____ **Date**_____

Reviewed by:_____ **Date**_____