

## COVID 19 (Pfizer-BioNTech) VACCINE QUESTIONNAIRE AND CONSENT 2021-2022 FORMULA

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First

Residence Address (include district) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Nationality \_\_\_\_\_

Employer \_\_\_\_\_ Immigration Status \_\_\_\_\_

Place of Vaccination: WB PHD BT EE NS GP FH LCC Spec. Clinic Prison Clinic

Other: \_\_\_\_\_

**Tick (✓) the appropriate answer to questions below:**

1. Are you suffering from a fever today?  Yes  No
2. Do you have any of the following medical conditions?  
 Impaired Immunity  Diabetes  Cancer  Chronic Lung Disease  Chronic Liver Disease  
 Chronic Heart Disease  Sickle Cell Disease  Chronic Renal Disease  Morbid Obesity  
 Long term Aspirin Therapy  Other \_\_\_\_\_  None of the above
3. Are you pregnant?  Yes  1<sup>st</sup> Tri.  2<sup>nd</sup> Tri.  3<sup>rd</sup> Tri.  No  N/A
4. Are you a healthcare worker?  Yes  No
5. Have you ever had any serious allergic reaction to a previous vaccine?  Yes  No
6. List allergies \_\_\_\_\_
7. I verify that I have not had the influenza vaccine within the last 30 days  Yes  No
8. **I verify that I have not previously received the COVID 19 Vaccine**  Yes  No
9. I have read or had read to me the COVID19 Vaccine information sheet on the reverse side of this questionnaire. I understand the risks and benefits of the COVID 19 vaccine and give consent for myself or my above-named child to have the vaccine.

Client /Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Circle as appropriate)

**For Official use ONLY**

Manufacturer	Lot # Exp date	Dose	Route	Site	Date given	Given by (Sign)	Remarks
Pfizer/BioNTech	<b>FK9712</b> 30/6/22	0.3ml	IM	<b>Rt. Delt.</b> <b>Lt. Delt.</b>			

**Cayman Islands Public Health Department**

**JANUARY 2022**

# Pfizer-BioNTech COVID 19 VACCINE 2020 – 2021 FORMULA

## INFORMATION SHEET

### Description

- The Pfizer/BioNTech vaccine provides protection against COVID 19. It will not prevent illness caused by other viruses. The vaccination will reduce the chance of you suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective, and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection.
- The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. You will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.

### COVID-19 vaccination requirements

- You will need two doses of the Pfizer/BioNTech COVID-19 vaccine for it to be fully effective; the two injections should be 21 days apart (day 0 and day 21).
- You may not be protected until at least 7 days after the second dose of the vaccine.

### Who should get vaccinated?

- **All people twelve years of age and older** should get the COVID 19 vaccine. This is especially important for people at higher risk for severe illness due to COVID 19 and their close contacts, including healthcare personnel and close contacts of children younger than twelve years old.
- **Persons at higher risk of severe illness due to COVID 19 are:** people (60 years of age and older), and people with certain health conditions such as heart, lung or kidney disease or a weakened immune system as COVID 19 may worsen existing medical conditions.
- **Even if you have been sick with COVID 19 and have recovered, you are encouraged to receive the COVID 19 vaccine.** Due to the life-threatening complications associated with COVID-19 and known cases of re-infection, you are encouraged to get the COVID-19 vaccine leaving at least four weeks from the time of infection.

### Who should not be vaccinated or who should wait:

Some persons should not be vaccinated without first consulting a physician. They include:

- Children less than twelve years of age.
- Any person with a history of immediate onset of severe allergic reaction to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine. A second dose of the Pfizer/BioNTech vaccine should not be given to those who have experienced immediate-onset of severe allergic reaction to the first dose of Pfizer/BioNTech vaccination.
- People who have a moderate or severe illness with a fever (more than 38°C) should wait to be vaccinated.

### Possible side effects

#### Common Problems:

- Soreness, redness or swelling of the vaccine site
- Headache
- Fatigue
- Chills
- Fever
- Muscle aches and pain

If these occur, they usually begin soon after the vaccine and last one to two days.

#### Uncommon or rare problems:

- Discomfort or feeling ill
- Lymphadenopathy (swollen or enlarged lymph nodes)

**Life-threatening allergic reactions** from vaccines are very rare. When they do occur, it is usually within a few minutes to a few hours of receiving the vaccine.

### Treatment of side effects

If you experience any side effects, please call the flu hotline at 1-800-534-8600 OR Text/WhatsApp 947-3077. If you have any difficulty breathing, call 911.

### For more information

Talk to your healthcare provider; call your district health centre or refer to the question-and-answer brochure. You may also go online to the PHE website <https://www.gov.uk>