

## PFIZER-BIONTECH COMIRNATY pediatric COVID-19 mRNA Pre-Screening Assessment

If the individual answers yes to any of the pre-screening questions, document details in the comments box below

- Have you been diagnosed with myocarditis or pericarditis following an mRNA COVID-19 vaccine?

If yes, the next dose in the mRNA COVID-19 vaccination series (Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine) should be deferred in clients who experienced myocarditis or pericarditis following a previous dose of an mRNA COVID-19 vaccine.

- Have you ever had myocarditis or pericarditis before?**

If yes, individual should consult their clinical team for individual considerations and recommendations. If the diagnosis is remote and they are no longer followed clinically for cardiac issues, they should receive the vaccine.

- Do you have today, or have you recently had any shortness of breath or chest pain?**

If yes, individual should consult with a health care provider prior to vaccination and/or if symptoms are severe, individual should be directed to the emergency department or instructed to call 911.

- Do you have a previous history of multisystem inflammatory syndrome in children (MIS-C), unrelated to any previous COVID-19 vaccination?**

If yes, vaccination should be postponed until clinical recovery has been achieved or until it has been  $\geq 90$  days since diagnosis, whichever is longer.

- Have you been sick in the past few days? Do you have symptoms of COVID-19 or have a fever today?

- Have you had a serious allergic reaction or a reaction within 4 hours to the COVID-19 vaccine before?

- Do you have allergies to polyethylene glycol, tromethamine (or polysorbate)?

- Have you had a serious allergic reaction to a vaccine or medication given by injection (e.g., IV, IM), needing medical care?

- Do you have a weakened immune system or are you taking any medications that can weaken your immune system (e.g., high dose steroids, chemotherapy)?

- If yes, are you receiving stem cell therapy, CAR-T therapy, chemotherapy, immune checkpoint inhibitors, monoclonal antibodies or other targeted agents?

- If on one of the therapies listed: Have you spoken with your treating health care provider about getting the vaccine?

- Do you have a bleeding disorder or are you taking blood thinning medications?

- Have you ever felt faint or fainted after receiving a vaccine or medical procedure?

Comments

\*Pre-screening Assessment Completed