



Pediatric (Children 5-11 years) COVID-19 Vaccine Screening Questions

Your vaccinator will ask you the following questions. Please review them while you wait.

1.	Has your child been diagnosed with myocarditis or pericarditis following an mRNA COVID-19 vaccine? <i>If yes, your child's next dose of mRNA vaccine should be deferred.</i>
2.	Has your child ever had myocarditis or pericarditis before? <i>If yes, consult your child's clinical team for individual considerations and recommendations. If the diagnosis was a long time ago and your child is no longer being followed clinically for cardiac issues, your child may be vaccinated.</i>
3.	Does your child have today, or recently had new or unexplained shortness of breath or chest pain? <i>If yes, consult your child's health care provider prior to vaccination and / or if symptoms are severe, call 911.</i>
4.	Has your child ever been diagnosed with Multisystem Inflammatory Syndrome, unrelated to any previous COVID-19 vaccination? <i>If yes, vaccination should be postponed until clinical recovery has been achieved or until it has been ≥ 90 days since diagnosis, whichever is longer.</i>
5.	Has your child been sick in the past few days? Does your child have symptoms of COVID-19 or have a fever today?
6.	Has your child had a serious allergic reaction or a reaction within 4 hours to the COVID-19 vaccine before?
7.	Does your child have allergies to polyethylene glycol or tromethamine?
8.	Has your child received another vaccine (not a COVID-19 Vaccine) in the past 14 days?
9.	Has your child had a serious allergic reaction to a vaccine or medication given by injection (e.g. IV, IM), needing medical care?
10.	Does your child have a weakened immune system or are they taking any medications that can weaken their immune system (e.g. high-dose steroids, chemotherapy)? a. <i>If yes, is your child receiving stem cell therapy, CAR-T therapy, chemotherapy, immune checkpoint inhibitors, monoclonal antibodies, or other targeted agents?</i> b. <i>If on one of the therapies listed above, have you spoken with your treating health care provider about when to get the vaccine?</i>
11.	Does your child have a bleeding disorder or are they taking blood thinning medications?
12.	Has your child ever felt faint or fainted after receiving a vaccine or medical procedure?