



About the vaccine

The **Comirnaty (Pfizer)** COVID-19 vaccine can prevent children from becoming ill from COVID-19. The vaccine schedule for children is 2 doses, given 8 weeks apart. This interval can be shortened in special circumstances to a minimum of 3 weeks.

The Pfizer COVID-19 vaccine does not contain any live virus and cannot cause COVID-19. It contains the genetic code for an important part of the SARS-CoV-2 virus called the spike protein. After getting the vaccine, your child's body makes copies of the spike protein. Your child's immune system will then learn to recognise and fight against the SARS-CoV-2 virus, which causes COVID-19. The body breaks down the genetic code quickly.

Vaccination is voluntary and free.

By law, the person giving your child's vaccination must record it on the Australian Immunisation Register. You can view your child's vaccination record online through your:

- MyGov account
- My Health Record account

Name		Surname	
Date of birth		Medicare card	
Address		Phone number	
Aboriginal and/or Torres Strait Islander		Email	
Parent/Guardian name		Parent/Guardian's phone number	

QUESTION	YES	NO
Has your child recently been sick with a cough, sore throat or fever, or been feeling unwell in any way?		
Has your child had Covid-19 before?		
Has your child had a Covid-19 vaccination before?		
Has your child had a serious reaction to a vaccine or medication?		
Does your child have a weakened immune system (immunocompromise) or any immune disorders?		
Does your child have a bleeding disorder or other blood disorder, or take any medicine to thin their blood?		
Has your child ever had any problems with their heart?		
Are you a parent/guardian/substitute decision maker who has the authority to provide consent for the vaccination on behalf of this child?		

Consent to receive COVID-19 Vaccine (Please circle answer)

I confirm that:

I have received and understood information provided to me on COVID-19 vaccination for the child named above.	YES	NO
None of the above conditions apply to this child, or I have discussed these conditions and/or any other special circumstances with my regular health care provider and/or vaccination service provider.	YES	NO
I am the child's parent, guardian or substitute decision-maker.	YES	NO
I have the authority to provide consent for this child and I agree to the child named above receiving the Pfizer Covid-19 vaccine.	YES	NO
Parent/guardian/substitute decision-maker's name.		
Parent/guardian/substitute decision-maker's signature		
Date		