

Space for the designation of medical provider

Patient's full name: PESEL or passport series and number:
.....

Statutory representative's PESEL or passport series and number:
.....

full name

Contact details (telephone number):.....

**COVID-19 pre-vaccination screening form for children aged 5-11
(to be completed before visiting the vaccination site)**

The following questions will help the medical practitioner to determine whether the child is eligible to be vaccinated against COVID-19 today. The answers will be used in making the decision whether they are eligible for vaccination. The practitioner may ask additional questions. If you have any doubts, please ask the screening practitioner for clarification.

Patients aged 5-11 are screened by medical practitioners.

No.	Pre-screening questions concerning exposure to COVID-19	Yes	No
1.	Has the child had close contact or been living with someone who took a genetic or antigen test for SARS-CoV-2 and tested positive in the last seven days, or has the child been living with a person experiencing COVID-19 symptoms (listed under Questions 2-4) within that period?		
2.	Has the child experienced higher body temperature or a fever in the last seven days?		
3.	Has the child been experiencing a sore throat, a new continuous cough or a worsening chronic cough due to a diagnosed chronic condition in the last seven days?		
4.	Has the child been suffering from loss of smell or taste in the last seven days?		
5.	Is the child currently experiencing a cold, diarrhoea, or vomiting?		

If you answered YES (affirmative) to any of these questions, the child's COVID-19 vaccination should be delayed. Please come back for the vaccination appointment only when you can answer NO (negative) to all questions. If you have any doubts, please contact the vaccination site.

COVID-19 pre-vaccination medical history form for children aged 5-11

No.	Health questions	Yes ^a	No	Don't know ^a
1.	Is the child feeling unwell today? (body temperature at vaccination site:°C)			
2.	Has the child ever experienced a serious adverse reaction following vaccination (including following the first dose of a COVID-19 vaccine)? If so, what was the reaction? What sort of vaccine was administered?			
3.	Has the child been diagnosed as allergic to polyethylene glycol (PEG), polysorbate, or other vaccine components ¹ ?			

¹ For more information on COVID-19 vaccine components, please consult the patient leaflet available at the "Szczepimy się" website, <https://www.gov.pl/web/szczepimysie/materialy-informacyjne-dla-szpitali-i-pacjentow-dotyczace-szczepien-przeciw-covid-19>. You can also get the leaflet from your vaccinator.

No.	Health questions	Yes ^a	No	Don't know ^a
4.	Has the child been diagnosed with a severe generalised allergic reaction (anaphylactic shock) after drug intake, food consumption, or insect bite?			
5.	Is the child experiencing an exacerbated chronic condition?			
6.	Is the child taking medication that weakens their immune system (immunosuppressants, oral corticosteroids, e.g. prednisone or dexamethasone), (cytostatic) drugs for malignant tumours, or medication given after hematopoietic stem cell transplantation or an organ transplant, or is the child undergoing radiation therapy or biological therapy for arthritis, inflammatory bowel disease (such as Crohn's disease) or psoriasis?			
7.	Does the child suffer from haemophilia or other serious blood clotting disorders?			

a) If you answered YES or DON'T KNOW to any of the questions, the screening practitioner will have to ask you for additional clarification.

	Questions at the vaccination site	Yes	No
1.	Do you have any doubts concerning the questions asked?		
2.	Have you received answers to your questions?		

Deemed eligible for vaccination / not eligible for vaccination (underline as appropriate) by:

..... Date:/ Time:
(legible signature of practitioner)

Consent of the statutory representative

I,, PESEL number:
(full name/PESEL of the statutory representative or, in the case of no PESEL No., the type, series and No. of an identification document)

declare that I am a statutory representative of:

....., born on, PESEL number:
.....
(full name/date of birth/PESEL of the minor or, in the case of no PESEL No., the type, series and No. of an identification document)

and give consent for them to be vaccinated against COVID-19 on:
.....,

.....
Date and legible signature
(signature of the statutory representative)

