

Dear Parent or Guardian:

Please review the following questions regarding your child's health prior to receiving vaccination:

1. Is your child currently feeling sick or have signs and symptoms of COVID-19?

When assessing for the symptoms below, the focus should be on evaluating if they are new, worsening, or different from an individual's baseline health status (usual state). Symptoms should not be chronic or related to other known causes or conditions

- Symptoms include:
 - Fever and/or chills, Cough, Sore throat, Runny nose or congestion, Shortness of Breath, Decrease / loss of smell or taste, Extreme fatigue, Muscle aches or joint pain, Nausea, vomiting and/or diarrhea, Headache, Abdominal pain, Loss of Appetite, Pink eye (conjunctivitis)

For more information or clarification of symptoms, please refer to website

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

2. Does your child have any allergies or had an allergic reaction to a previous COVID-19 vaccine dose or another vaccine?

- The vaccine contains lipids (fats), salts, sugars and buffers. It does not contain eggs, gelatin (pork), gluten, latex, preservatives, antibiotics, adjuvants, or aluminum. The vaccines are safe, even if you have food, drug, or environmental allergies. Talk to a health care provider first if your child is allergic to polyethylene glycol (PEG) and/or Tromethamine (tromethamol or Tris). Serious allergic reactions (anaphylaxis) to the vaccine are rare and can be treated.

3. Has your child been diagnosed with myocarditis or pericarditis following a COVID-19 vaccine or has had myocarditis before?

4. Is your child immunosuppressed due to disease or treatment?

5. Has your child ever fainted or became dizzy after getting a vaccine or a medical procedure or have a fear of needles and will need parental/guardian support?

6. Does your child have a bleeding disorder or is taking medication that could affect blood clotting?

7. Does your child require a parent/guardian to be present at the time of immunization?

If you answered YES to any of the above questions, please make arrangements to have your child immunized at a location other than the school setting. Please visit TBDHU.COM/covidclinics for information on the options available, including walk in clinics at TBDHU CLE Heritage building, booking an appointment at the CLE Coliseum clinic or through a local pharmacy.

By signing below, I affirm that my answer is NO to the above questions regarding my child's health and my child can receive the COVID-19 vaccination within the school setting:

Child's name and school

Name of parent/guardian

Parent/guardian signature

Date