

# BLUE FISH

P E D I A T R I C S

www.bluefishmd.com

## 2024-2025 COVID-19 Vaccine Waiver

We would like to be certain that you do not have any medical conditions that would contraindicate the administration of the COVID-19 vaccine. Also, we wish to avoid any misunderstanding concerning payment for the COVID-19 vaccine. Therefore, please read the following information and sign at the bottom of the sheet.

### **Those who should not receive the COVID-19 vaccine:**

- Children less than 6 months of age
- If you ever had an allergic reaction to:
  - A component of COVID-19 vaccine, including either of the following:
    - Polyethylene (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures
    - Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids
  - A previous dose of COVID-19 vaccine

### **We will NOT be offering COVID-19 vaccine to parents.**

**Medicaid and CHIP:** The vaccine is covered by your insurance as long as we have the VFC COVID-19 vaccine in stock.

**Commercial Insurance:** You will need to pay your copay for your insurance.

Person receiving COVID-19 Shot: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Is this a BLUE FISH Patient?    YES    NO    Phone: \_\_\_\_\_

Lot #: \_\_\_\_\_

\*Please fill out one COVID-19 waiver for each person receiving the vaccine.