

BLUE FISH

P E D I A T R I C S

www.bluefishmd.com

2025-2026 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.