



WEEKLY UPDATE

MONSIGNOR SLADE CATHOLIC SCHOOL
120 Dorsey Road · Glen Burnie, Maryland 21061 · 410-766-7130

Volume 7, Issue 19

December 10, 2021



Next week's calendar:

- Monday, December 13, 2021:
- Merry Monday - Holiday Bling (Wear holiday accessories, such as headbands, necklaces, socks, ties, etc.)
 - Aladdin Mandatory Parent meeting, 6:30 p.m., Auditorium
- Tuesday, December 14, 2021:
- Showchoir Rehearsal, 2:45-3:45 p.m., Auditorium
- Wednesday, December 15, 2021:
- Showchoir and Band Christmas Concert, 6:30 p.m. (Livestreamed & Ticketed Event—2 tickets per family)
- Thursday, December 16, 2021:
- In-school Showchoir & Band Christmas Concert
 - Aladdin auditions, 2:45-4:30 p.m., Auditorium & Rm. 110
- Friday, December 17, 2021:
- Tuition Assistance Out-of-uniform Day, \$2 per student
 - Aladdin auditions, 2:45-4:30



Super Slades Week of 12/13/21-12/17/21

- Annalise Meulemans – Courage
- Gabriela Heymann – Hard work
- Raul Cedeno – Responsibility
- Garrett Perry – Respect
- Anistyn Ashburn – Hard work
- Nathan Boling – Hard work

Important News & Notes:

Keep Christ in Christmas Poster Contest: The annual Knights of Columbus' Keep Christ in Christmas poster contest results are in! It was very difficult to narrow down the winners, according to Mike Davis from the McGivney Council KOC #7025. The Knights were very impressed in how well the children communicated the message of Keep Christ in Christmas.

Congratulations to the following winners:

Grades K-2 (age 5-7):

- Jack Mihoces
- Justin Lawson
- Addison Lawson



Grades 3-5 (age 8-10):

- Zoya Rab
- Agder Colon
- Genevieve Penafiel



Grades 6-8 (age 11-14):

- Giada Jordan
- Caroline Adams
- Abigail Griest



MSCS Boys Soccer: Congratulations! The 7th and 8th grade team coached by Steven Arrey clinched the Anne Arundel County Division 3 for their age bracket. The team had 9 wins and 1 tie over a hard fought season. The team also participated in the Pasadena Soccer Club Classic tournament and placed 2nd overall. Congratulations to Elijah Wilkins, Seneca Sunderland, Michaela Shunk, Justin Rolf, Kyle Olsen, Jonathan Kandrac, Broderick Durm, Abigail DelValle, Jordan Bennett, ZaChely Arrey, Thomas Staiti, Joseph Penafiel, Zane Arrey, and Coach Arrey for a job well done!



Classroom Treats: With the holiday season upon us, we thought it might be helpful to remind parents/guardians of the school policy for providing treats in the classroom. For holiday parties, birthdays, or any other occasion where parents are providing classroom treats, please remember that **only individually-wrapped, store-bought foods or treats are permitted.** Chick-fil-A nugget trays, veggie trays, boxes of Dunkin' Donuts or donut holes, bakery cupcakes by the dozen and the like, are not permitted at this time. Thank you in advance for your cooperation and understanding.

From the Art Teacher: Mrs. D'Anna is seeking donations of used or new holiday cards for the Art room. Additionally, any photo or colorful calendars would also be welcomed.



From the School Nurse:

The second Monsignor Slade Catholic School COVID-19 Vaccine Clinic will be held Monday, December 13, 2021, in partnership with the University of Maryland Medical System. The clinic will be held after school beginning at 3:00 PM and will take place in the multi purpose room in the basement.

Please use the following link to register for the vaccine clinic on Monday, December 13, 2021: <https://forms.gle/TJu6cBT4ZRRA7HNw5>

Please be sure to pre-register by Friday, December 10, 2021, to guarantee a dose. Please fill out a separate form for each child/individual that you would like to be vaccinated at this clinic. The clinic will also be offering adult booster doses (Pfizer only). There are NOT plans for another vaccine clinic at this time.

Only register if you would like your child to get the COVID-19 vaccine at this clinic.

If you miss the deadline and do not register, you will have to wait until the end of the clinic to ensure those who pre-register get their doses and there are enough left.

Once you are pre-registered, you will be assigned a scheduled time slot for your child's vaccine.

The automatic computerized appointment reminder will direct you to go to the University of Maryland Baltimore Washington Medical Center clinic. *DO NOT GO TO THE CLINIC, GO TO THE SCHOOL.*

Parents must complete the vaccine screening questionnaire and consent forms and bring them to their appointment. (see attached) A parent or guardian **MUST** be present in order for your child to be vaccinated.

Each individual receiving a vaccine will need to be monitored for 15 minutes after their vaccine.

Advancement Announcements:

Enrollment

Please remember! Priority of Admission will apply to all new students. Priority will be given to siblings of current students only if an application is submitted on or before January 28, 2022.

Development

Thank you to all who supported Slade on #GivingTuesday. By your generosity, we collected \$8,520.61 on this day. Your donations to our annual fund are vital for us to provide the most engaging opportunities for our students. If you have not yet supported Monsignor Slade's 2022 annual fund, remember all deductions are tax-deductible. There's still time to make a donation before the end of the year. Give online: bit.ly/SupportSlade

Holiday Prep! As we all begin to prepare for and enjoy holiday festivities, please remember to scan your receipts with the BoxTops app and shop via [AmazonSmile](https://www.amazon.com/AmazonSmile) or Office Depot GivesBack to Schools!

December Photo Challenge! Send your submissions to c.hilmer@mssladeschool.com. We cannot wait to see what you share!



Advancement Announcements (continued):

Alumni Outreach

Seeking Class Agents for:
 Holy Trinity School Classes of **1962 & 1972**
 A.S.R.C.S. Classes of **1982 & 1992**
 Monsignor Slade Classes of **2002 & 2012**

Please encourage alumni you know in the Slade community to contact Mrs. Hilmer via phone or email. She can be reached at 410-766-7130 or c.hilmer@mssladeschool.com.

HASA Happenings:



HASA Giving Tree: The annual HASA “Christmas Giving Tree” is still on hold this year due to on-going COVID restrictions. Instead of paper ornaments on the tree, many teachers have prepared an Amazon Wish List. Attached you will find a list of links from those teachers who have chosen to participate. Some teachers have also provided the link on their homework site, Google classroom, or in their weekly email/newsletter to parents. Be sure to order through Amazon Smile to benefit our school.

All gifts purchased through Amazon should be sent directly to the teacher at the school address (MSCS, 120 Dorsey Road, Glen Burnie, MD 21061). There is a gift message section on the Amazon order page so that you can send a note from your family/child. Thank you in advance for your participation in this “virtual” Christmas Giving Tree. We wish you a very merry Christmas and a safe and happy new year!

Sports Section:

Need Volunteer Hours???

The Athletic Council still needs to fill the Lacrosse Commissioner position this year! Without a Commissioner, we will not be able to offer the lacrosse program this Spring. We also need to fill the Field Hockey Commissioner and the Athletic Council President for next school year. All interested parties should email SladeACpresident@gmail.com for more info.

Terrapin Times:

Poppy is spending more time on her basking platform nowadays. Since she is getting bigger and her claws are getting longer and stronger, it is easier for her to climb. We have to “catch” her on it, as when people enter the classroom, she will dive back into the water hoping it is feeding time! It is important for her to be able to get out of the water for periods of time in order to dry out under the heat lamp, which must be between 88°-92°.



Please follow this link to a short video of Poppy on her basking platform: [IMG 4396.MOV](#)



Mission Statement

Rooted in Catholic faith and committed to academic excellence, Monsignor Slade Catholic School is dedicated to forming the whole child to know, love, and be a disciple of Christ.



1118 Ward Street
Baltimore MD 21230
410.625.0775

Dear Monsignor Slade Catholic School,

Thank you for your help in serving the needy communities in our area. Please find below a list of the most-needed items this winter.

Items needed:

New underwear - Men and Women sizes: S-M-L
New Undershirts - Men and Women sizes: S-M-L
New Socks - Adult Men and Women
Long Johns - new or gently used - Men and Women sizes: S-M-L
Blankets/Comforters - new or gently used
Hand Warmers are always needed

Find out more about our organization on our website:

<https://paulsplaceoutreach.org/>

Our Mission is to be a catalyst and leader for change, improving the quality of life in the Southwest Baltimore communities. Paul's Place provides programs, services, and support that strengthen individuals and families, fostering hope, personal dignity and growth.

Paul's Place has been a steadfast source of support for residents of the Southwest Baltimore communities going on 38 years – starting as a two-day-a-week soup kitchen and becoming a one-stop destination with a wide array of resources for hundreds of individuals every day. Paul's Place now offers more than 20 programs to help guests along a path to self-sufficiency.

Last year there were...



Wishlist Recipient	Wishlist Link
Monsignor Slade Catholic School	
Nurse Lydon	https://smile.amazon.com/hz/charitylist/ls/1U9O6SHDICRU6/ref=smi_ext_lnk_lcl_cl
Mrs. Abbott	https://smile.amazon.com/hz/charitylist/ls/2RXFVOMMJA TFC/ref=smi_ext_lnk_lcl_cl
Mr. Bouchard	https://smile.amazon.com/hz/charitylist/ls/QIQJ5GPFLB2 l/ref=smi_ext_lnk_lcl_cl
Mrs. Julie Browne, Pre-K2	https://smile.amazon.com/hz/charitylist/ls/3LCGGKGLYQ APK/ref=smi_ext_lnk_lcl_cl
Ms. Lisa Brooks, Pre-K3	https://smile.amazon.com/hz/charitylist/ls/1FSRDU4SMD Q08/ref=smi_ext_lnk_lcl_cl
Mrs. Edna Trentalance, Pre-K3	https://smile.amazon.com/hz/charitylist/ls/3NMIC9FZ0QI JN/ref=smi_ext_lnk_lcl_cl
Mrs. Michelle Cameron, Pre-K4	https://smile.amazon.com/hz/charitylist/ls/150OMYSARO 9OA/ref=smi_ext_lnk_lcl_cl
Mrs. Becky Padencov, Pre-K4	https://smile.amazon.com/hz/charitylist/ls/3QTGKDGXBL VJC/ref=smi_ext_lnk_lcl_cl
Ms. Kilkelly, Kindergarten	https://smile.amazon.com/hz/charitylist/ls/37X9FSL1KSG QB/ref=smi_ext_lnk_lcl_cl
Mrs. McFarlane, Kindergarten	https://smile.amazon.com/hz/charitylist/ls/23XKTO28VG 2TL/ref=smi_ext_lnk_lcl_cl
Mrs. Fertetta, 1st Grade	https://smile.amazon.com/hz/charitylist/ls/RJ29YIJG90W 2/ref=smi_ext_lnk_lcl_cl
Ms. Byerly, 1st Grade	https://smile.amazon.com/hz/charitylist/ls/JYYUMBFXRP ZC/ref=smi_ext_lnk_lcl_cl
Mr. Carter, 2nd Grade	https://smile.amazon.com/hz/charitylist/ls/SZD9CXKPBR S7/ref=smi_ext_lnk_lcl_cl
Mrs. Wolfrey, 2nd grade	https://smile.amazon.com/hz/charitylist/ls/SFEMJ9JMLV 12/ref=smi_ext_lnk_lcl_cl
Mrs. Ogilvie, 3rd Grade	https://smile.amazon.com/hz/charitylist/ls/1JHQVC5VKF AJ1/ref=smi_ext_lnk_lcl_cl
Mrs. Fuecker, 4th Grade	https://smile.amazon.com/hz/charitylist/ls/2LE0VNENRO 8IE/ref=smi_ext_lnk_lcl_cl

Mrs. Herbert, 5th Grade	https://smile.amazon.com/hz/charitylist/ls/2L7TKCI7MRSFY/ref=smi_ext_lnk_lcl_cl
Mrs. Johnson, 5th Grade	https://smile.amazon.com/hz/charitylist/ls/2TX5WYPJ3XTL3/ref=smi_ext_lnk_lcl_cl
Mrs. Lemanski	https://smile.amazon.com/hz/charitylist/ls/2K89RPK7724WH/ref=smi_ext_lnk_lcl_cl
Mrs. Torrey	https://smile.amazon.com/hz/charitylist/ls/LIHC6TB2OBNF/ref=smi_ext_lnk_lcl_cl
Mrs. Truffer, 6th, 7th, & 8th Grades	https://smile.amazon.com/hz/charitylist/ls/1MT46JU8VBP5K/ref=smi_ext_lnk_lcl_cl
Mrs. Hondrum, 7th & 8th Grades	https://smile.amazon.com/hz/charitylist/ls/36259SLCE2ESZ/ref=smi_ext_lnk_lcl_cl
Mrs. Mudd, 7th & 8th Grades	https://smile.amazon.com/hz/charitylist/ls/3SAZNUTVFRSAF/ref=smi_ext_lnk_lcl_cl



Do all your holiday shopping with gift cards that give back

Outfits for family photos. Party preparations. Gifts. Use gift cards for all your holiday shopping this year. It's the convenient way to support the cause you care about most during the season of giving.

Make every purchase matter

- Buy physical gift cards as gifts for friends and family.
- Email eGift cards as gifts on ShopWithScrip.com.
- Buy eGift cards to use for your shopping.

Give gifts that are twice as nice



You buy a gift card

You get the full value.



The brand gives back

No extra money comes out of your pocket.



Your organization earns

Impacting what matters most to you.

Help MSCS and your next year's tuition buying giftcards from ShopWithScrip. To get started:

1. Enroll in the RaiseRight mobile app or on ShopWithScrip.com with our enrollment code: **L1DBA58B28L12**.
2. Seamlessly check out and get eGift cards and use reloaded money faster by securely paying online with a bank account.

The **last order** for physical cards will be placed on **Monday Dec 13** to allow for delivery before Christmas. Make your shopping much easier and skip the lines in the stores. For any questions please contact Jonathan at MSCS.Scrips@gmail.com.

DOB:

MRN:

Adm Date:

CSN:

Time:

COVID-19 Vaccine Consent Form

Name of Individual to be Immunized _____

This Vaccine Consent Form may be used for COVID-19 vaccines administered by or at the request of any patient, employee or student of the affiliated entities of University of Maryland Medical System (“UMMS”), University of Maryland Faculty Physicians, Inc. (“FPI”), the faculty practices of the University of Maryland School of Medicine (each, a “Practice”); or University of Maryland, Baltimore (“UMB”). Each of the foregoing may be known as a “UM Entity” within this consent, or collectively as “UM.” This Vaccine Consent Form may also be used for COVID-19 vaccination of any individual administered within the Community by any employee, student, or volunteer of an UM Entity.

I declare that I (or my child/vaccine recipient) am 5 years of age or older. I further declare that:

I understand that currently three (3) COVID-19 vaccines are available: Comirnaty/Pfizer mRNA COVID-19 vaccine; Moderna mRNA COVID-19 vaccine and Janssen (J&J) COVID-19 vaccine. I understand that the Comirnaty vaccine is an FDA-approved COVID-19 vaccine for use in individuals 16 years of age and older and the Pfizer vaccine is available under FDA EUA for individuals ages 5 – 15. I further understand that the Moderna and J&J vaccines are available under FDA EUA for use in individuals 18 years of age and older. I also understand that the Comirnaty/Pfizer, Moderna and J&J vaccines have been made available under FDA EUA as an additional dose to individuals who meet certain criteria.

I understand the benefits of getting a COVID-19 vaccine include:

- COVID-19 vaccination will help keep you from getting COVID-19
- COVID-19 vaccination may also protect the people around you
- COVID-19 vaccination helps build protection against COVID-19 coronavirus infection

I understand the common side effects of COVID-19 vaccine include:

- Pain in/at the site of injection
- Muscle/joint ache
- Fatigue
- Headache
- Fever
- Chills
- Feeling unwell
- Swollen lymph nodes (lymphadenopathy)
- Diarrhea
- Vomiting

These symptoms usually resolve in 24 to 48 hours after vaccination.

I understand that myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the Comirnaty/Pfizer COVID-19 and Moderna COVID-19 vaccines. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. Most cases occurred in young men. The chance of having this occur is very low. I understand that I (or my child) should seek medical attention right away if I (or my child) have any of the following symptoms after receiving the vaccine:

- Chest pain

DOB:

MRN:

Adm Date:

CSN:

Time:

- Shortness of breath
- Feelings of having a fast beating, fluttering or pounding heart

I understand that with the J&J vaccine there is a potential risk of blood clots involving blood vessels in the brain, abdomen and legs along with low levels of platelets (blood cells that help your body stop bleeding). This risk occurred more frequently in women <50 years old but within this group was still found to be very low.

I understand that with the J&J vaccine there is a very low risk of a neurological disorder (Guillain Barré syndrome) that can damage the body's nerve cells causing muscle weakness and sometimes paralysis. I understand that I should seek medical attention right away if I develop any of the following symptoms after receiving the J&J vaccine (these symptoms may occur up to 6 weeks after receiving the vaccine):

- Weakness or tingling sensations, especially in the legs or arms that is worsening and spreading to other parts of the body
- Difficulty walking
- Difficulty with facial movements, including speaking, chewing, or swallowing
- Double vision or inability to move eyes
- Difficulty with bladder control or bowel function

I understand there is a small chance a vaccine recipient may not receive the protective benefits of this vaccine.

- Although the vaccines have been shown to be highly effective, they have not been shown to prevent infection in 100% of the trial population who received the vaccine.
- I understand that if I am immunocompromised, the effectiveness of the vaccine is likely to be reduced and additional doses may be needed.

I understand that there is a potential risk of a severe allergic reaction to the vaccine.

I understand that there is a small chance that the COVID-19 vaccine could cause a severe allergic reaction, particularly in people who have experienced an anaphylactic (severe allergic) reaction in the past. **If I (or my child/vaccine recipient) am receiving this vaccine and I (or my child/vaccine recipient) have a history of severe allergic reaction, I have been instructed to discuss the risks/benefits of this vaccine with my (or my child's/vaccine recipient's) health care provider prior to receiving the vaccine.**

I understand there may be additional unknown risks to the COVID-19 vaccine.

I understand that the side effects listed above may not be all the side effects of the COVID-19 vaccine as the vaccine is still being studied in clinical trials. I also understand that it is not possible to predict all possible side effects or complications which could be associated with the vaccine. I understand that the long-term side effects or complications of this vaccine are not known at this time.

I understand that I (or my child/vaccine recipient) should not receive the COVID-19 vaccine if I (or my child/vaccine recipient) am allergic to any of the ingredients of this COVID-19 vaccine.

I understand that adults with an allergy to a mRNA vaccine (Comirnaty/Pfizer or Moderna vaccines) or its ingredients may receive the J&J vaccine and that individuals who are allergic to ingredients in the J&J vaccine may receive an mRNA vaccine (Comirnaty/Pfizer or Moderna vaccines) but that the Centers for Disease Control and Prevention (CDC) has recommended that those individuals speak with an allergist to discuss the pros and cons of vaccination prior to vaccination.

I further declare that if I (or my child/vaccine recipient) have any of the following conditions, I have had the



DOB:
MRN: CSN:
Adm Date: Time:

opportunity to speak with my (or my child’s/vaccine recipient’s) health care provider and am making an informed decision to receive the vaccine or to have my child/vaccine recipient receive the vaccine:

- Have a bleeding disorder or are on a blood thinner
- Are immunocompromised or are taking a medication that affects the immune system (such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease or psoriasis; HIV/AIDS, cancer, leukemia, ankylosing spondylitis or radiation treatments)
- Have experienced a severe adverse reaction to a previous dose of a COVID-19 vaccine

Acknowledgement:

1. I have read or have had explained to me the Vaccine Information Fact Sheet/Emergency Use Authorization (“EUA”) Fact Sheet concerning the COVID-19 vaccine. I have had the opportunity to discuss any questions or concerns I may have about the COVID-19 vaccine, including the risks and benefits of receiving the COVID-19 vaccine with my (or my child’s/vaccine recipient’s) health care provider.
2. I understand that if I (or my child/vaccine recipient) am receiving a second dose of a two (2) dose COVID-19 vaccine, I will confirm with the vaccinator, at the time of my (or my child’s/vaccine recipient’s) second vaccination, the manufacturer of both vaccines is the same.
3. **CHILDREN 5 – 17 YEARS OF AGE: I understand that children 5 – 17 may only receive the vaccine manufactured by Pfizer Pharmaceuticals (Comirnaty/Pfizer COVID-19 vaccine). Prior to each vaccination (first, second or third dose), I will confirm with the vaccinator that the vaccine being administered to my child is the Comirnaty/Pfizer COVID-19 vaccine.**
4. I understand that if I (or my child/vaccine recipient aged 18 years or older) am receiving a booster dose of the COVID-19 vaccine, I (or my child/vaccine recipient aged 18 years or older) may receive any of the three approved COVID-19 vaccines (Comirnaty/Pfizer, Moderna or J&J) as a booster.
5. I understand that if I (or my child/vaccine recipient) am receiving a third dose of the COVID-19 vaccine because I (or my child/vaccine recipient) have been determined to meet the criteria for a third dose, I (or my child/vaccine recipient) may only receive an mRNA vaccine (Comirnaty/Pfizer or Moderna).
6. I understand that my health care provider will submit this immunization information to the state immunization registry.

I understand the benefits and risks of the COVID-19 vaccine and request that it be given to me (or my child/vaccine recipient).

Consent to the Vaccination:

I have read and I understand the information set forth in this form. Based on that understanding, I hereby **consent** for myself (or my child/vaccine recipient) to a COVID-19 vaccination provided to me (or my child/vaccine recipient).

Signature of Recipient of COVID-19 Vaccine

Date

Time

Signature of Parent/Guardian Recipient of COVID-19 Vaccine
(if recipient is under 18 or lacks capacity to consent)

Date

Time



UNIVERSITY OF MARYLAND MEDICAL SYSTEM
 Consent for Treatment

DOB:
 MRN: CSN:
 Adm Date: Time:

FOR UM EMPLOYEES ONLY

1. I understand that a record of my vaccination will be documented in the secure electronic medical records system, Epic, which is administered by University of Maryland Medical System on behalf of itself and applicable UM Entities. If I have a medical record, my vaccination will become part of that medical record. If I do not have a medical record with an applicable UM Entity, my receipt of the COVID-19 vaccine will create a medical record.
2. I understand that should I experience an adverse reaction to the vaccine that requires medical treatment, by signing this consent I am expressly authorizing a representative of Employee Health to access my medical record in order to assist in the determination of whether I am a candidate to receive the second dose of the vaccine.
3. I expressly authorize the release of my COVID-19 vaccination record to the Employee Health Services of the relevant UM Entity and other individuals within any relevant UM Entity for occupational health purposes (similar to the flu vaccine).
4. I understand that my employer will submit this immunization information to the state immunization registry.

Signature of Employee

Date

Time

**UNIVERSITY OF MARYLAND MEDICAL SYSTEM
COVID-19 VACCINE SCREENING FORM**

11/4/21

I have read or have had explained to me information made available in the FDA's Vaccine Information Sheet/Emergency Use Authorization (EUA) Fact Sheet regarding the COVID-19 vaccine.

Print Name: _____ Date: _____

Signature: _____ DOB: _____ Cell Number: _____

1. Are you younger than 5 years of age? Yes No

IF YES, DO NOT VACCINATE. IF BETWEEN 5-17, INDIVIDUAL IS ONLY ELIGIBLE FOR PFIZER VACCINE AND VACCINATION REQUIRES PARENT OR GUARDIAN CONSENT.

- NOTE, IF BETWEEN 5-11, THE PFIZER VACCINE DOSE IS 0.2 mL.**
- NOTE, IF BETWEEN 12-17, THE PFIZER VACCINE DOSE IS 0.3 mL.**

2. Are you sick today with an acute illness, fever or COVID-19 infection? Yes No

IF YES, DO NOT VACCINATE.

3. Have you received monoclonal antibodies or convalescent plasma for the treatment of COVID-19 within the past ninety (90) days? Yes No

IF YES, DO NOT VACCINATE. VACCINATION CAN OCCUR 90 DAYS AFTER TREATMENT.

4. Have you had or been told that you had an immediate allergic reaction of any severity* to any COVID-19 vaccines or their components?

- a. Allergy to Pfizer vaccine or component(s) Yes No
- b. Allergy to Moderna vaccine or component(s) Yes No
- c. Allergy to Janssen (J&J) vaccine or component(s) Yes No

(See full list at the end of the form for components for each vaccine. This includes polyethylene glycol (PEG) and Polysorbate. Note: PEG is in mRNA vaccines and is found in some medications such as laxatives and preparations for colonoscopy procedures. Polysorbate 80 is in the J&J vaccine. PEG and Polysorbate can cross-react with one another.)

**IF ALLERGY TO PFIZER AND/OR ITS COMPONENTS, DO NOT ADMINISTER PFIZER OR MODERNA.
IF ALLERGY TO MODERNA AND/OR ITS COMPONENTS, DO NOT ADMINISTER PFIZER OR MODERNA.
IF ALLERGY TO J&J AND/OR ITS COMPONENTS, DO NOT ADMINISTER J&J.**

NOTE: Individuals with an allergy to either mRNA vaccine (Pfizer or Moderna) or its components should not receive Pfizer or Moderna but are eligible to receive the J&J vaccine. Individuals with an allergy to the J&J vaccine or its components are eligible to receive an mRNA vaccine (Pfizer or Moderna). However, these individuals should discuss the risks/benefits with their provider as described in Question #5 below and stay for 30-minutes of observation, following vaccination and should discuss risks/benefits with their provider. Per CDC, individuals with an allergy to mRNA COVID-19 vaccine or its components who are considering J&J or vice versa should consider consultation with an allergist because of the cross-reactivity between ingredients in mRNA and J&J vaccines to help determine if individual can safely receive vaccination in this setting of mRNA or J&J allergy. It would be up to the individual to decide to pursue this option.

5. Do you have a history of any immediate allergic reactions of any severity* to another vaccine OR injectable therapy (i.e., intramuscular, intravenous or subcutaneous)? Yes No

IF YES, OKAY TO VACCINATE AS LONG AS INDIVIDUAL HAS SPOKEN WITH HIS/HER PROVIDER OR A RESOURCE NURSE/LICENSED INDEPENDENT PRACTITIONER (LIP) AT VACCINE SITE AND UNDERSTANDS THE ELEVATED RISK OF ALLERGIC REACTION. IF INDIVIDUAL HAS NOT SPOKEN WITH HIS/HER PROVIDER, THEN INDIVIDUAL IS REQUIRED TO SPEAK WITH VACCINE SITE RESOURCE NURSE/LIP AS AN ALTERNATIVE FOR PURPOSES OF RISK ASSESSMENT. SEE VACCINE RECIPIENT INFORMATION REGARDING DETAILS ON RISK ASSESSMENT. IF THE ALLERGY IS TO AN mRNA COVID-19 VACCINE AND INDIVIDUAL IS RECEIVING J&J VACCINE OR VICE VERSA, CDC RECOMMENDS THAT THE INDIVIDUAL CONSULT WITH AN ALLERGIST PRIOR TO VACCINATION. IT WOULD BE UP TO THE

INDIVIDUAL TO DECIDE TO PURSUE THIS OPTION (SEE QUESTION #4). INDIVIDUAL REQUIRES 30-MINUTE OBSERVATION PERIOD.

6. Do you have a history of anaphylaxis due to any other cause not already mentioned (for example, food allergies, oral medications, insects, venom, latex, etc.)? Yes No

IF YES, OKAY TO VACCINATE. INDIVIDUAL REQUIRES 30-MINUTE OBSERVATION PERIOD.

7. Do you have a bleeding disorder or are you taking blood thinners? Yes No

IF YES, OKAY TO VACCINATE BUT USE FINE-GAUGE NEEDLE (23- OR 25-GAUGE) AND APPLY PRESSURE TO VACCINATION SITE FOR 2 MINUTES.

8. Are you receiving the J&J vaccine? Yes No

IF YES, PLEASE ANSWER BELOW QUESTION. IF NO, SKIP TO QUESTION #9.

a. Have you had a history of an episode of an immune mediated syndrome characterized by thrombosis (blood clots) and thrombocytopenia (low platelets) such as heparin-induced thrombocytopenia (HIT) in the last 90 days? Yes No

IF YES, DELAY J&J VACCINATION FOR 90 DAYS FROM DATE THAT ILLNESS RESOLVED OR INDIVIDUAL CAN RECEIVE mRNA VACCINE (PFIZER OR MODERNA).

9. Have you had a history of myocarditis or pericarditis after receiving an mRNA COVID-19 vaccine (Pfizer or Moderna)? Yes No N/A (received J&J)

IF YES, DEFER NEXT DOSE OF mRNA VACCINE UNTIL EPISODE OF MYOCARDITIS/PERICARDITIS HAS COMPLETELY RESOLVED AND INDIVIDUAL HAS HAD A DETAILED CLINICAL EVALUATION WITH THEIR TREATING PROVIDER WHO HAS ADVISED TO PROCEED WITH mRNA VACCINATION.

10. Is this your third dose (if your initial series was Pfizer or Moderna) or second dose (if your initial series was J&J)? Yes No

IF YES, PROCEED TO NEXT SECTION STARTING WITH QUESTION #11 (ADDITIONAL DOSE QUESTIONS).

ADDITIONAL DOSE QUESTIONS:

11. Are you moderately to severely immunocompromised**? Yes No

IF YES, ANSWER BELOW QUESTIONS. IF NO, PROCEED TO QUESTION #12.

a. Was your initial series an mRNA vaccine (Pfizer or Moderna)? Yes No

IF NO AND INITIAL VACCINE WAS J&J, PROCEED TO QUESTION #13. IF YES, ANSWER B AND C.

b. Has it been at least 28 days since your initial two-dose mRNA vaccine series? Yes No

c. Is the mRNA vaccine that you are receiving today the same manufacturer that you originally received for your primary series (i.e., if your initial vaccination series was Pfizer, then your third dose should be Pfizer; if your initial vaccination series was Moderna, then your third dose should be Moderna)? Yes No

IF YES TO QUESTION #11 (INCLUDING A-C), OKAY TO VACCINATE. VACCINE MANUFACTURER SHOULD MATCH VACCINE RECEIVED FOR INITIAL TWO-DOSE SERIES (PFIZER OR MODERNA). NOTE, THE MODERNA THIRD DOSE FOR IMMUNOCOMPROMISED INDIVIDUALS IS 0.5 mL.

12. Are you requesting the COVID-19 booster dose because you meet one of the following criteria, as recommended by the CDC? Yes No

- 65 years and older
- Age 18+ and living in a long-term care facility
- Age 18+ with underlying medical conditions (including but not limited to cancer, chronic kidney disease, chronic lung disease, diabetes, heart conditions, liver disease and obesity)
- Age 18+ who work/live in high-risk settings (frontline essential workers, including health care/frontline responders, education staff, food/agriculture, manufacturing, corrections, USPS, public transit or grocery store)

IF YES, PROCEED TO QUESTION #14. IF NO, PROCEED TO QUESTION #13.

13. Was your initial vaccination with J&J? Yes No

IF YES, ANSWER BELOW QUESTION. IF NO, PROCEED TO QUESTION #14.

a. If yes, then has it been at least 2 months since your single dose J&J vaccine? Yes No

IF YES, OKAY TO VACCINATE WITH PFIZER, MODERNA OR J&J. NOTE, THE MODERNA BOOSTER DOSE IS 0.25 mL.

14. Was your initial vaccination series with Pfizer or Moderna? Yes No

a. If yes, has it been more than 6 months since your initial vaccination series? Yes No

IF YES, OKAY TO VACCINATE WITH PFIZER, MODERNA OR J&J. NOTE, THE MODERNA BOOSTER DOSE IS 0.25 mL.

15. I attest that the information I have shared is correct and true.

Printed Name and Signature (Parent/Guardian if Under 18)

Date

Vaccinator Printed Name and Signature

EUA or VIS provided on this date

**Immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms such as urticaria (hives), angioedema (swelling), respiratory distress such as shortness of breath, wheezing, stridor or anaphylaxis that occur within four hours following administration*

***Examples of moderately to severe immunocompromising conditions or treatments include:*

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., Di George syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose immunosuppressive corticosteroids (i.e., greater than or equal to 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Pfizer (Comirnaty) vaccine components are:

COVID-19 mRNA Vaccine BNT 162b2 concentrate for solution for injection
ALC-0315 = (4-hydroxybutyl) azanediy]bis (hexane-6,1-diy]bis(2-hexyldecanoate),
ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide,
1,2-Distearoyl-sn-glycero-3-phosphocholine, cholesterol,
potassium chloride,
potassium dihydrogen phosphate,
sodium chloride,
disodium hydrogen phosphate dihydrate, sucrose,
water for injections

Moderna vaccine components are:

COVID-19 Vaccine contains 100 mcg of nucleoside-modified messenger RNA (mRNA) encoding the pre-fusion stabilized Spike glycoprotein (S) of SARS-CoV-2 virus.
Each dose of the Moderna COVID-19 Vaccine contains the following ingredients: a total lipid content of 1.93 mg (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), 0.31 mg tromethamine, 1.18 mg tromethamine hydrochloride, 0.043 mg acetic acid, 0.12 mg sodium acetate, and 43.5 mg sucrose.

Janssen (Johnson & Johnson) vaccine components are:

Each 0.5 mL dose of Janssen COVID-19 Vaccine is formulated to contain 5×10^{10} virus particles (VP) and the following inactive ingredients: citric acid monohydrate (0.14 mg), trisodium citrate dihydrate (2.02 mg), ethanol (2.04 mg), 2-hydroxypropyl- β -cyclodextrin (HBCD) (25.50 mg), polysorbate-80 (0.16 mg), sodium chloride (2.19 mg). Each dose may also contain residual amounts of host cell proteins (≤ 0.15 mcg) and/or host cell DNA (≤ 3 ng).