TEMPLATE ONLY

This template is not legal advice. Talk to your attorney for guidance.

# ການກວດເບື້ອງຕົ້ນ ແລະ ສັນຍາຂອງ ວັກຊີນໂຄ​ວິດ-19

ຂໍ້ມູນທີ່ເກັບກໍາໃນຟອມສະບັບນີ້ຈະນໍາໃຊ້ເປັນເອກະສານອ້າງອີງວ່າທ່ານໄດ້ຮັບວັກຊີນ. ຂໍ້ມູນກ່ຽວກັບວັກຊີນຂອງ ທ່ານອາດຈະເຜີຍແຜ່ຜ່ານການເຊື່ອມຕໍ່ການສັກຢາພູມຄຸ້ມກັນຂອງລັດມິນນີໂຊຕ້າ (MIIC) ກັບຜູ້ໃຫ້ບໍລິການດ້ານ ສຸຂະພາບອື່ນ, ໂຮງ ຮຽນ, ພະແນກສາທາລະນະສຸກ, ແລະ ຜູ້ອະນຸມັດອື່ນພາຍໃຕ້ກົດໝາຍທີ່ໄດ້ຮັບການອະນຸຍາດ. ຖ້າທ່ານມີຄໍາຖາມ, ກະລຸນາຖາມທ່ານໝໍ ຫຼື ຜູ້ໃຫ້ບໍລິການດ້ານສຸຂະພາບອື່ນໆຂອງທ່ານ. ຖ້າທ່ານມີຄໍາຖາມ ກ່ຽວກັບ MIIC, ໃຫ້ໄປເບິ່ງທີ່ [MIIC ແລະ ສາທາລະນະ (www.health.state.mn.us/people/immunize/miic/public.html)](http://www.health.state.mn.us/people/immunize/miic/public.html)**.** ຫຼື ໂທ 1-800-657-3970.

**ການກໍານົດຂອງສະຫວັດດີການ ແລະ ຄວາມຮັບຜິດຊອບຂອງການຈ່າຍເງິນ**: ໃຫ້ພວກເຮົາ ສົ່ງບິນຮັບເງິນໃຫ້ແຜນ ການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານ ຫຼື ບໍລິສັດ ແລະ ເພື່ອການຮັບເງິນຄືນໂດຍກົງ.

ຂ້າພະເຈົ້າອະນຸຍາດໃຫ້ຜູ້ໃຫ້ບໍລິການດ້ານສຸຂະພາບນີ້ສົ່ງໃບເກັບເງິນຄ່າແຜນການຄຸ້ມຄອງສຸຂະພາບຂອງຂ້າພະ ເຈົ້າ ຫຼື ຜູ້ ຈ່່າຍເງິນຄົນອື່ນໆໃນນາມຂ້າພະເຈົ້າ, ແລະ ໄດ້ຮັບການຈ່າຍເງິນທີ່ອະນຸມັດຂອງສະຫວັດດີການ.

## ເບີຕິດຕໍ່ – ຜູ້ທີ່ໄດ້ຮັບການສັກຢາວັກຊີນ

ຊືີ່ຄົນເຈັບ (ນາມສະກຸນ, ຊື່ແທ້, ຊື່ກາງ):

ວັນທີເກີດ:

ອາຍຸ:

ເບີໂທລະສັບພື້ນຖານ:

ທີ່ຢູ່ (ຖະໜົນ ຫຼື ຕູ້. ໄປສະນີ):

ເມືອງ:

ລັດ:

ລະຫັດໄປສະນີ (ZIP):

ຊື່ຂອງແມ່ (ນາມສະກຸນ, ຊື່ແທ້, ຊື່ກາງ - ຖ້າອາຍຸບໍ່ຮອດ 18 ປີ):

ຊື່ເດີມຂອງແມ່ (ຖ້າມີອາຍຸບໍ່ຮອດ 18 ປີ):

## ຂໍ້ມູນການຈ່າຍເງິນ

ເອົາສໍາເນົາບັດປະກັນໄພຂອງທ່ານມາພ້ອມ!

**ຜູ້ຖືປະກັນໄພຂັ້ນຕົ້ນ**:

ນະໂຍບາຍ/ບັດປະຈໍາຕົວ/ເລກທີບັດສະມາຊິກ:

ໝາຍເລກກຸ່ມ:

**ຜູ້ຖືປະກັນໄພຂັ້ນສອງ:**

ນະໂຍບາຍ/ບັດປະຈໍາຕົວ/ເລກທີບັດສະມາຊິກ:

ໝາຍເລກກຸ່ມ:

**ຜູ້ຖືນະໂຍບາຍ, ຖ້າບໍໍ່ແມ່ນຜູ້ທີ່ຮັບຢາວັກຊີນ:**

ຊື່:

ວັນທີເກີດ:

ບໍລິສັດທີ່ຈ່າຍເງິນ:

ຊື່ບໍລິສັດ:

[ ]  ກວດເບິ່ງບ່ອນນີ້ ຖ້າຄົນທີ່ຮັບຢາວັກຊີນ ບໍ່ມີປະກັນໄພ.

## ສັນຍາ

ໂດຍການເຊັນໃສ່ຂ້າງລຸ່ມນີ້, ຂ້າພະເຈົ້າເຂົ້າໃຈ, ຮັບຮູ້, ອະນຸຍາດ, ແລະ ຍິນຍອມວ່າ:

* ຂ້າພະເຈົ້າໄດ້ຮັບ ແລະ ອ່ານ ຫຼື ໄດ້ຮັບການອະທິບາຍໃຫ້ແກ່ຂ້າພະເຈົ້າເອກະສານການອະນຸຍາດນໍາໃຊ້ໃນ ກໍລະນີສຸກເສີນ ສໍາລັບວັກຊີນ​ໂຄ​ວິດ-19 ດັ່ງຕໍ່ໄປນີ້: [ໃສ່ຊື່ຜະລິດຕະພັນຂອງວັກຊີນ].
* ຂ້າພະເຈົ້າໄດ້ ມີໂອກາດໃນການຖາມຄໍາຖາມ ທີ່ໄດ້ຮັບຄໍາຕອບທີ່ມີຄວາມເພິ່ງພໍໃຈຂອງຂ້າພະເຈົ້າ, ແລະ ຂ້າພະເຈົ້າເຂົ້າໃຈເລື່ອງສະຫວັດດີການ ແລະ ຄວາມສ່ຽງຂອງວັກຊີນ​ໂຄ​ວິດ-19 ດັ່ງທີ່ໄດ້ອະທິບາຍໄວ້.
* ຂ້າພະເຈົ້າຍິນຍອມໃນການຮັບວັກຊີນ​ໂຄ​ວິດ-19 ໃຫ້ແກ່ຕົວເອງ ຫຼື ສໍາລັບຄົນທີ່ລະບຸຊື່ຂ້າງເທິງນັ້ນ.

ລາຍເຊັນຂອງຄົນເຈັບ ຫຼື ພໍ່ແມ່/ຜູ້ປົກຄອງ:

ວັນທີ: / /

## ປະຫວັດດ້ານສຸຂະພາບ

ຖ້າທ່ານຕອບ ແມ່ນ ໃນບັນດາຄໍາຖາມເຫຼົ່ານີ້, ຜູ້ທີ່ສັກຢາວັກຊີນໃຫ້ແກ່ທ່ານອາດຈະຕ້ອງການຂໍ້​ມູນ​ເພີ່ມ​ຕື່ມ ຈາກທ່ານກ່ອນທີ່ທ່ານຈະສັກຢາວັກຊີນ:

| **ແມ່ນ** | **ບໍ່ແມ່ນ** | **ບໍ່ຮູ້** | **ຄໍາຖາມ** |
| --- | --- | --- | --- |
| ແມ່ນ | ບໍ່ແມ່ນ |  | ທ່ານມີອາຍຸທີ່ຖືກຕ້ອງໃນການຮັບວັກຊີນ​ໂຄ​ວິດ-19?* ໄຟເຊີ້-ໄບໂອເທັກ: ທ່ານຕ້ອງມີອາຍຸ 6 ເດືອນ ຫຼື ຫຼາຍກວ່ານັ້ນ.
* ວັກຊີນໂມເດີນນ້າ: ທ່ານຕ້ອງມີອາຍຸ 6 ເດືອນ ຫຼື ຫຼາຍກວ່ານັ້ນ.
* ວັກຊີນໂນວາແວັກ (Novavax): ທ່ານຕ້ອງມີອາຍຸ 12 ປີຂຶ້ນໄປ.
 |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ທ່ານມີເຊື້ອພະຍາດເອັດສໄອວີ (HIV), ຫຼືຂໍ້ຈໍາກັດທາງດ້ານພູມຄຸ້ມ ກັນອື່ນໆ ບົກຜ່ອງ, ຫຼື ຮັບການຮັກສາ ຫຼື ປິ່ນປົວກ່ຽວກັບບັນຫາພູມຄຸ້ມ ກັບບົກຜ່ອງບໍ? |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ອາການແພ້ທີ່ຮຸນແຮງ (ຕົວຢ່າງ., ພາວະການແພ້ທີ່ຮຸນແຮງ) ຫຼັງຈາກທີ່ໄດ້ຮັບໂດດສ໌ຜ່ານມາ ຫຼື ໄດ້ຮັບສ່ວນປະກອບ ຂອງວັກຊີນ​ໂຄ​ວິດ-19? |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ທັນທີ, ມີອາການພູມແພ້ ແບບບໍ່ຮຸນແຮງ (ພາຍໃນ 4 ຊົ່ວໂມງ) ໃນໄລຍະຂອງການຮັບຢາວັກຊີນໂຄວິດ-19 ທີ່ຜ່ານມາ ຫຼື ມີອາການ ພູມແພ້ທີ່ຮູ້ຈັກດີວ່າ (ໄດ້ບົ່ງມະຕິພະຍາດ) ຂອງສ່ວນປະກອບ ຫຼື ສ່ວນ ປະສົມຂອງຢາວັກຊີນບໍ? |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ອາການພູມແພ້ຮຸນແຮງທັນທີຕໍ່ວັກຊີນໃດໆ (ບໍ່ແມ່ນໂຄວິດ-19) ຫຼື ການປິ່ນປົວ ດ້ວຍການສັກຢາ (ຕົວຢ່າງ., ສັກ ເຂົ້າໃນກ້າມ (ກ້າມຊີ້ນ), ໃນເສັ້ນເລືອດ (ເຂົ້າເສັ້ນເລືອດ), ຫຼື ເຂົ້າໄປໃນເນື້ອເຍື່ອໄຂມັນ (ກ້ອງຜິວໜັງ)ບໍ? ທີ່ບໍ່ລວມ ການແພ້ການສັກຢາ. |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ມື້ນີ້ທ່ານຮູ້ສຶກວ່າເປັນໄຂ້ບໍ່? |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ມີປະຫວັດຂອງພະຍາດກ່ຽວກັບການອັກເສບໃນຫຼາຍລະບົບ (Multisystem Inflammatory Syndrome) ພາຍຫຼັງທີ່ເປັນພະຍາດ ​ໂຄ​ວິດ-19 ບໍ? |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ມີປະຫວັດຂອງການເປັນກ້າມຊີ້ນຫົວໃຈອັກເສບ ຫຼື ເຍື່ອຫຸ້ມຫົວໃນອັກເສບຫຼັງຈາກສັກວັກຊີນໂຄວິດ-19 ໂມເດີນນ້າ, ໄຟເຊີ້-ໄບໂອເທັກ ຫຼື ໂນວາແວັກ ທີ່ຜ່ານມາບໍ? |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ຮູ້ | ທ່ານໄດ້ສັກວັກຊີນອື່ນພາຍໃນ 4 ອາທິດຜ່ານມາບໍ? |
| ແມ່ນ | ບໍ່ແມ່ນ | ບໍ່ສາມາດໃຊ້ໄດ້ | ທ່ານເຄີຍໄດ້ຮັບວັກຊີນ​ໂຄ​ວິດ-19 ບໍ່? ຖ້າວ່າເຄີຍ, ລະບຸຜະລິດຕະພັນວັກຊີນ ແລະ ວັນທີທີ່ທ່ານໄດ້ຮັບ: |

**ຫ້າມຂຽນໃສ່ແຖວລຸ່ມນີ້**

## Vaccine information

| **COVID-19 Vaccine Presentation1** | **EUA Fact Sheet Date** | **Route2** | **Manufacturer3** | **Lot Number** | **Admin Site4** | **Person Admin5** |
| --- | --- | --- | --- | --- | --- | --- |
| COVID-19 Comirnaty (Pfizer) 12 years and older (gray cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 5-11 years (bleu cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Pfizer 6 months – 4 years (yellow cap), 0.3 mL |  | IM | PFR |  |  |  |
| COVID-19 Spikevax (Moderna) 12 years and older (blue cap/bleu label), 0.5 mL |  | IM | MOD |  |  |  |
| COVID-19 Moderna 6-11 years (blue cap/green label), 0.25 mL  |  | IM | MOD |  |  |  |
| COVID-19 (Novavax), 0.5 mL |  | IM  | NVX |  |  |  |

1. **COVID-19 Vaccine Presentation** = lists specific product name (e.g., Pfizer, Moderna, Novavax, etc.)
2. **Route:** IM = Intramuscular
3. **Manufacturer:** MOD = Moderna, PFR = Pfizer, NVX= Novavax
4. **Site Vaccine Given:** LD = Left Deltoid, RD = Right Deltoid, LT = Left Thigh, RT = Right Thigh
5. **Signature or initials of person administering vaccine:** Can be used if more than one person is administering vaccines.

Signature and title of person administering vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date administered: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

## Information for health care professionals about the pre-vaccination form for COVID-19 vaccine

[For health care providers, not for the patient]

This information is derived from the [CDC: Use of COVID-19 Vaccines in the United States (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). We will reference this document as CDC’s Interim Clinical Considerations below and note specific sections where information can be found.

### Age

Follow recommendations for vaccine administration to authorized age groups found under each vaccine product’s emergency use authorization (EUA) or package insert. For Moderna, Novavax and Pfizer-BioNTech COVID-19 vaccine primary series doses, an 8-week interval is suggested between dose one and two for immunocompetent people 6 months to 64 years of age, and especially males 12-39 years.

Immediate allergic reaction

An immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms such as urticaria (hives), angioedema (painless swelling under the skin, often happens with hives), respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

### Have you had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine?

CDC considers this to be a contraindication to vaccination with COVID-19 vaccines. People with an allergy-related contraindication to one type of COVID-19 vaccine have a contraindication or precaution to the other types of COVID-19 vaccines. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https/www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [CDC: U.S. COVID-19 Vaccine Product Information (www.cdc.gov/vaccines/covid-19/info-by-product/index.html)](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Have you had an immediate, non-severe allergic reaction to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine or any of its ingredients?

CDC considers this to be a precaution to vaccination with COVID-19 vaccines. Non-severe allergic reactions may include urticaria (hives) beyond the injection site and angioedema (visible swelling) involving lips, facial skin, or skin in other locations. Angioedema affecting the airway (e.g., tongue, uvula, or larynx) would be a **severe** allergic reaction. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions. For a full list of ingredients included in COVID-19 vaccines, refer to COVID-19 vaccine-specific [FDA: COVID-19 Vaccines](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) and [U.S. COVID-19 Vaccine Product Information](https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

### Immediate allergic reaction to any other vaccines (non-COVID-19) or injectable therapy (intramuscular, intravenous, or subcutaneous)? Does not include allergy shots.

People with a history of an immediate allergic reaction to a non-COVID-19 vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, but it is unknown which component elicited the allergic reaction, have a precaution to vaccination with that COVID-19 vaccine. These people may benefit from consultation with an allergist-immunologist who can perform a more detailed risk assessment for COVID-19 vaccine receipt and possibly allergy testing. For additional details, refer to the following sections of CDC’s Interim Clinical Considerations: Contraindications and precautions and Appendix E: Triage of people with a history of allergies or allergic reactions.

### Are you feeling sick today?

There is no evidence that someone who is sick when vaccinated will decrease the vaccine’s effectiveness or increase vaccine adverse events. If a person has COVID-19 symptoms, they should isolate following current guidelines, get tested, and if necessary, seek medical care. As a precaution, when someone is moderately to severely ill, all vaccines should be delayed until the illness has improved. A person who is mildly ill (e.g., diarrhea, upper respiratory infection, etc.), can still receive a vaccine, including people who are taking an antibiotic.

People should be offered vaccination regardless of their history of symptomatic or asymptomatic COVID-19 infection, including people with prolonged post-COVID-19 symptoms. Vaccination of people with known current COVID-19 infection should be deferred until at least the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This recommendation applies to people who experience COVID-19 infection before receiving any COVID-19 vaccine dose. For details, including additional information on delaying vaccine doses, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.

### Have a history of Multisystem Inflammatory Syndrome after SARS-CoV-2 infection?

Given the lack of data on the safety of COVID-19 vaccines in people with a history of MIS-C and MIS-A, a conversation between the patient, their guardian(s), and their clinical team or a specialist (e.g., specialist in infectious diseases, rheumatology, or cardiology) is strongly encouraged to assist with decisions about the use of COVID-19 vaccines. Additional details can be found in the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and MIS-C and MIS-A section.

### Have a history of myocarditis or pericarditis after a previous dose of Moderna, Pfizer-BioNTech, or Novavax COVID-19 vaccine?

CDC considers this to be a precaution to vaccination with mRNA COVID-19 vaccines (i.e., Moderna or Pfizer-BioNTech) or Novavax COVID-19 vaccine. Refer to their primary care provider to receive an assessment of their current health condition and assessment of individual benefits and risks. For more details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and myocarditis and pericarditis.

### Have you had any other vaccinations in the last 4 weeks?

Because of the observed risk for myocarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (i.e., Moderna and Pfizer-BioNTech) and Novavax COVID-19 vaccines and the unknown risk for myocarditis after JYNNEOS, people, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus vaccination (either JYNNEOS or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine. However, if an orthopoxvirus vaccine is recommended for prophylaxis in the setting of an outbreak, orthopoxvirus vaccination should not be delayed because of recent receipt of a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine; no minimum interval between COVID-19 vaccination with these vaccines and orthopoxvirus vaccination is necessary.

### Have you ever received a dose of COVID-19 vaccine?

Refer to the following sections of CDC’s Interim Clinical Considerations: COVID-19 vaccination overview and timing, spacing and interchangeability. Verify a person’s age, what vaccine they have received, and the date(s) of prior dose(s) to assure the correct vaccine product and dose interval is used.

### Other considerations

* **Chronic health condition** – is not a contraindication or precaution for vaccination.
* **Immunocompromised conditions** (e.g., HIV infection, immunosuppressive medications, or therapies, etc.) – immunocompromised people age 6 months and older should receive a COVID-19 vaccine series as soon as possible. They should be counseled regarding the potential for reduced immune responses and that the vaccine may not fully protect them. People need to continue to follow current guidance to protect themselves.
	+ **Moderately or severely immunocompromised** – Because the immune response following COVID-19 vaccination may differ in moderately or severely immunocompromised people, CDC has specific guidance for this population. For more details Refer to the following sections of the CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: COVID-19 Vaccines, Recommendations, and Schedule for People who are moderately or severely immunocompromised.
* **Bleeding disorder or are taking a blood thinner** – recommended to use a fine-gauge needle (23 gauge or smaller) for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.
* **Dermal filler(s)** – advise to contact their health care provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination. For additional details, refer to the following section of CDC’s Interim Clinical Considerations: Special Populations.
* **Pregnant** – Both CDC and ACOG urge that pregnant people be vaccinated. Pregnant and recently pregnant people with COVID-19 are at increased risk for severe illness when compared with non-pregnant people. Early data supports that vaccination is well-tolerated and elicits a protective immune response. For details, refer to the following section of CDC’s Interim Clinical Considerations: Consideration involving pregnancy, lactation, and fertility.
* **Passive antibody therapy for prevention or treatment for COVID-19** – COVID-19 vaccination can be given at any time following receipt of antibody products as part of COVID-19 treatment, post-exposure prophylaxis, or pre-exposure prophylaxis once the isolation or quarantine period has been completed. For details, refer to the following section of CDC’s Interim Clinical Considerations: COVID-19 vaccination and SARS-CoV-2 infection.
* **COVID-19 vaccines and myocarditis and pericarditis** – Ongoing safety monitoring of the mRNA and Novavax COVID-19 vaccines has found increased risks of myocarditis and pericarditis, predominantly in males 12-39 years of age within the first week of receiving the second dose.

An 8-week interval between the first and second doses of an Moderna, Pfizer-BioNTech, and Novavax COVID-19 vaccine primary series may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years, as it may reduce the small risk of myocarditis/pericarditis associated with mRNA and Novavax COVID-19 vaccines.

Clinicians should consult the following section of CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines: Safety considerations for COVID-19 vaccines or the [CDC: Clinical Considersations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines (www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html)](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html) when deciding whether to administer aCOVID-19 vaccine to someone with a history of myocarditis or pericarditis or when a patient presents with symptoms of myocarditis or pericarditis.

Find EUA fact sheets for health care providers and recipients and caregivers at [FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines)](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).

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