



Christopher Groll  
Acting Assistant  
Commissioner,  
Oficina de Salud Escolar  
Tweed Courthouse  
52 Chambers Street  
New York, NY 10007

Estimada familia:

Como sabrá, todos los neoyorquinos mayores de 12 años ya pueden vacunarse contra COVID-19 de forma gratuita. Es una gran noticia para la salud y la seguridad de su hijo, su familia, su comunidad escolar y toda la Ciudad.

En colaboración con el equipo de pruebas y rastreo de la Ciudad de Nueva York (*NYC Test & Trace Corps*) y el Departamento de Salud y Salud Mental de la Ciudad de Nueva York, algunas escuelas ofrecen ahora la vacuna de Pfizer-BioNTec a los neoyorquinos que reúnen los requisitos durante la primera semana de clases (la segunda dosis se proporcionará a principios de octubre) para facilitar el acceso y poder así mantenernos sanos. No es necesario hacer una cita, y puede obtener más información sobre los horarios directamente con su escuela o ingresando a [schools.nyc.gov/covid19](https://schools.nyc.gov/covid19).

**Vacunar a su hijo es seguro, confidencial y fácil.** Esto es lo que necesita saber:

- No tiene que presentar una prueba de su estatus migratorio ni un número de Seguro Social para vacunarse.
- No necesita seguro médico para vacunarse; la vacuna es gratuita.
- **Para los menores de 18 años, un padre o tutor legal debe dar su autorización. Hemos incluido el formulario de autorización con esta carta para que lo complete y envíe.**
- Además, es recomendable, aunque no obligatorio, que los estudiantes de entre 12 y 15 años vayan acompañados al lugar de vacunación por un padre o tutor, o por otro adulto designado por el padre o tutor. Sea que usted acompañe o no al estudiante, un profesional médico capacitado monitoreará a su hijo en la sede de vacunación durante 15 minutos después de que le apliquen la vacuna.
- Los expedientes y la información correspondiente a la vacunación son estrictamente confidenciales.
- Las vacunas son administradas por profesionales médicos capacitados.
- Habrá servicios de interpretación telefónica en el lugar, en varios idiomas.
- Aunque se recomiendan enfáticamente, hasta el momento las vacunas no son obligatorias para los estudiantes. Lo anterior excluye a los estudiantes que participen en los deportes de la Liga Deportiva de Escuelas Públicas (*Public School Athletic League, PSAL*) que sean considerados de alto riesgo de transmisión del virus. (Para obtener más información, visite [schools.nyc.gov/PSAL](https://schools.nyc.gov/PSAL)).
- La vacunación en toda la Ciudad ya ha reducido drásticamente las tasas de positividad de COVID-19, lo que ha contribuido a reabrir la Ciudad, a hacer posible las reuniones en persona y a mejorar la calidad de vida de todos.

*(continúa en la página 2)*



- Les recomendamos a las familias que reporten el estado de vacunación de sus hijos en el portal de vacunación contra COVID-19 del DOE en: <https://vaccine.schools.nyc>. Presentar esta información apoyará los esfuerzos de respuesta y recuperación de la Ciudad de Nueva York ante la pandemia, y ayudará a que las escuelas y edificios del DOE sigan siendo lugares seguros para todos los estudiantes y el personal.

Si tiene alguna pregunta o desea consultar los datos sobre la vacuna, visite [nyc.gov/covidvaccine](https://nyc.gov/covidvaccine). Le recomendamos encarecidamente que vacune a su hijo pronto.

Atentamente,

*Christopher Groll*

Christopher Groll  
Comisionado adjunto interino  
Oficina de Salud Escolar  
División de Bienestar y Entorno Escolar  
Departamento de Educación de la Ciudad de Nueva York



## COVID-19 Immunization Screening and Consent Form\*

Recipient Name (please print)		Preferred Name		
DOB	Current Gender ID Indicate ID Below: <input style="width: 80px; height: 25px;" type="text"/>	<b>Key:</b> W – Woman/Girl    TW – Transgender Woman/Girl    M – Man/Boy TM – Transgender Man/Boy    NB – Non-Binary Person    GNC – Gender Non-Conforming Q – Not Sure/Questioning    NR – Chose not to Respond GNL - Gender not Listed (write-in) * Gender Pronouns: write-in by client's name		
Sex Assigned at Birth Indicate Sex Below: <input style="width: 80px; height: 25px;" type="text"/>		<b>Key:</b> M – Male    F – Female I – Intersex    NR – Chose not to Respond	Marital Status Indicate Status Below: <input style="width: 80px; height: 25px;" type="text"/>	<b>Key:</b> S – Single    D – Divorced    M – Married W – Widowed    V – Civil Union    U – Unknown SEPARATED – Legally Separated PARTNER – Life Partner
Address		City	State	Zip
Email Address				
Parent/Guardian/ Surrogate (if applicable, please print)		Phone		Preferred Language
Ethnicity Indicate Ethnicity Below: <input style="width: 80px; height: 25px;" type="text"/>		<b>Ethnicity Key:</b> DECL – Declined HIS – Hispanic Origin NHL – Non-Hispanic Origin UNK - Unknown		
Race Indicate Race Below: <input style="width: 80px; height: 25px;" type="text"/>		<b>Race Key:</b> AIA – Native American or Alaskan    ASN – Asian BAA – African American or Black DECL – Declined NHP – Native Hawaiian or Pacific Islander WHT – White    OTH – Other or Multiracial		
Primary Insurance Name		Primary Insurance ID#	Subscriber Name/DOB	Subscriber Relation to Patient
Primary Insurance Address		Primary Insurance Group #	Primary Insurance Phone #	
Secondary Insurance Name		Secondary Insurance ID#	Subscriber Name/DOB	Subscriber Relation to Patient
Secondary Insurance Address		Secondary Insurance Group #	Secondary Insurance Phone #	
Clinic/Office Site Where Vaccine is Administered		Primary Care Physician Address/Phone Number		

### Screening Questionnaire

1.	Are you feeling sick today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	In the last 10 days, have you had a COVID-19 test because you had symptoms and are still awaiting your test results or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
3.	Have you been treated with antibody therapy or convalescent plasma for COVID-19 in the past 90 days (3 months)? <i>If yes, when did you receive the last dose? Date: _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
4.	Have you ever had an immediate allergic reaction (e.g. hives, facial swelling, difficulty breathing, anaphylaxis) to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
5.	Are you pregnant or considering becoming pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

6.	Do you have cancer, leukemia, HIV/AIDS or any other condition that weakens the immune system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
7.	Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
8.	Do you have a bleeding disorder, a history of blood clots or are you taking a blood thinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
9.	Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
10.	Have you received a previous dose of the Pfizer, Moderna or Janssen COVID-19 vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____ (if applicable)
11.	Have you received a previous dose of a COVID-19 vaccine authorized by the WHO but not by the FDA (AstraZeneca – VAXZEVRIA, Sinovac – CORONAVAC, Serum Institute of India – COVISHIELD, Sinopharm)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____ (if applicable)

**Emergency Use Authorization**

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA’s decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

**Consent**

I have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses of this vaccine in order for it to be effective. I have had a chance to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

Recipient/Surrogate/Guardian (Signature) recipient	Date / Time	Print Name	Relationship to Patient (if other than recipient)
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Telephonic Interpreter’s ID # <b>OR</b>	Date / Time
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Signature: Interpreter	Date/ Time	Print: Interpreter’s Name and Relationship to Patient
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**Area Below to be Completed by Vaccinator**

Which vaccine is the patient receiving today?			
Vaccine Name	Administration		EUA Fact Sheet Date
Pfizer/ BioNTech	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	
Moderna	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	
Astra-Zeneca	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	
Janssen	<input type="checkbox"/> Single Dose		

Administration Site       Left Deltoid       Right Deltoid       Left Thigh       Right Thigh

Dosage                       0.5 ml                       0.3 ml

I have provided the patient (and/or parent, guardian or surrogate, as applicable) with information about the vaccine and consent to vaccination was obtained.

Vaccinator Signature: \_\_\_\_\_



Christopher Groll  
Acting Assistant  
Commissioner,  
Office of School Health  
Tweed Courthouse  
52 Chambers Street  
New York, NY 10007

Dear Families,

As you might be aware, all New Yorkers aged 12 and older can now receive a free COVID-19 vaccine. This is great news for the health and safety of your child, your family, your school community, and the whole city!

In partnership with the NYC Test & Trace Corps and the NYC Department of Health and Mental Hygiene, some school sites are offering Pfizer-BioNTech vaccinations to eligible New Yorkers during the first week of school (with second doses provided at the beginning of October) to make it as easy as possible to stay safe. No appointment is needed, and you can learn more about site hours from your school or by visiting [schools.nyc.gov/covid19](https://schools.nyc.gov/covid19).

**Getting your child vaccinated is safe, confidential, and easy.** Here's what you need to know:

- You will not need to provide proof of immigration status or a social security number to get vaccinated.
- You do not need health insurance to get vaccinated—the vaccine is free.
- **For all individuals under 18, a parent or legal guardian must provide consent. A Consent Form for you to complete and return is enclosed with this letter.**
- In addition, it is recommended— though not required— that students aged 12 to 15 be accompanied to the vaccination site by a parent or guardian, or another adult caregiver designated by the parent or guardian. Whether or not you chose to accompany your child, your child will be monitored by a trained medical professional at the vaccine site for 15 minutes following vaccine administration.
- All records and information associated with vaccination are kept strictly confidential.
- Vaccines are administered by trained medical professionals.
- On-site telephone interpretation in multiple languages will be available.
- While strongly recommended, vaccinations are not currently mandatory for most students. The exceptions are students participating in Public Schools Athletic League (PSAL) sports who are considered high-risk for potential COVID-19 transmission. (For more information, visit: [schools.nyc.gov/PSAL](https://schools.nyc.gov/PSAL)).
- Citywide vaccinations have already dramatically reduced COVID-19 positivity rates, helping to reopen the city, restore in-person gathering, and improve everyone's quality of life.

*(continued on page 2)*



- Families are encouraged to record their student's vaccination status in the DOE's COVID-19 Vaccination Portal at: <https://vaccine.schools.nyc>. Submitting this information will support New York City's pandemic response and recovery efforts, and help ensure that DOE schools and buildings remain safe places for all students and staff.

If you have any questions, visit [nyc.gov/covidvaccine](https://nyc.gov/covidvaccine) for all the facts. We strongly urge you to get your child vaccinated soon.

Sincerely,

*Christopher Groll*

Christopher Groll  
Acting Assistant Commissioner  
Office of School Health  
Division of School Climate & Wellness  
NYC Department of Education



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Telephonic Interpreter's ID # <b>OR</b>	Date / Time
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Signature: Interpreter	Date/ Time	Print: Interpreter's Name and Relationship to Patient
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### Area Below to be Completed by Vaccinator

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Vaccine Name	Administration		Manufacturer & Lot Number
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Moderna	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	
Astra-Zeneca	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	
Janssen	<input type="checkbox"/> Single Dose		

Administration Site       Left Deltoid       Right Deltoid       Left Thigh       Right Thigh

Dosage       0.5 ml       0.3 ml

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Vaccinator Signature: \_\_\_\_\_