

Ministry of Health

What youth need to know about their COVID-19 vaccine appointment

Version 1.0 May 19, 2021

This guidance provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

Please read this document to know what to expect for your upcoming vaccine appointment.

Preparing for COVID-19 Vaccination

What do I need to bring to the appointment?

- Your health card/Ontario Health Insurance Plan (OHIP) card (even if it is expired). If you do not have an OHIP card that is okay. **You can still get vaccinated if you do not have an OHIP card, or if your OHIP card is expired.** Please bring another form of government-issued photo identification (ID) such as a driver's license, passport, Status card, or birth certificate. If you do not have a health card or government-issued photo ID, please speak to your principal and they can give you an official letter with your name, date of birth and address.
- Immunization record, if available, to keep track of the COVID-19 vaccine.
- Proof of COVID-19 immunization from first dose, if available and applicable
- An [allergy form](#), if you have are allergic to a component of your vaccine (you can read the ingredients of the vaccine in the [COVID-19 Vaccine Information Sheet: For Youth \(age 12-17\)](#)).
- Any assistive devices needed (e.g., scooter, wheelchair, cane) and items to help pass the time (e.g., cell phone, book).
- Reading glasses and/or hearing aid, if required.
- Mask that covers the mouth, nose and chin.

- A support person, if required (e.g., interpreter, someone to help you during the vaccination, your parent/guardian).
- If you are nervous about the vaccination, bring something to help distract yourself, such as a mobile device, headphones for music, or a book.

What do I need to do to prepare for the appointment?

- Read the [COVID-19 Vaccine Information Sheet: for Youth \(age 12-17\)](#) and follow up with your regular health care provider (such as your family doctor, nurse practitioner or pediatrician) with any questions you have. You may want to talk to your parent or guardian too.
- If you regularly take medication, you should continue and eat meals as usual. Make sure to eat before coming to the clinic to prevent feeling faint or dizzy while being vaccinated.
- Wear a loose-fitting top or a t-shirt so that the health care provider can easily access the upper arm for the vaccination.
- Do not wear any scented products.
- **If you have [symptoms of COVID-19](#), you should not attend the clinic. Get in touch with your school or the vaccine clinic and they can help you to rebook.**
- Do not arrive more than 10 minutes before the appointment time to avoid crowding at the clinic.
- You may need to wait outside before your appointment. Please dress for the weather.

What can I expect when I arrive at the appointment?

Health care providers are being very careful to prevent the spread of COVID-19 when providing immunizations. Clinic staff will take every precaution to ensure your health and safety during your visit. Public health measures, such as physical distancing, hand sanitization, mask-wearing will be in place at clinics. All health care providers, patients, other staff, and visitors need to follow all public health measures in the clinic. Please read and follow any signs or instructions provided at the clinic.

- You will be asked to provide an OHIP card or identification.

- You will be asked to answer a series of questions to see if you have the signs or symptoms associated with COVID-19 before entering the clinic (like the health screening you do before you come to school for example).
- You will be asked questions about your medical history (for example, about any allergies you have).
- Everyone will be asked to wear a mask while at the clinic, to clean your hands, and practice physical distancing from others (at least 2 metres/6 feet).
- You will be asked to stay for 15-30 minutes after receiving the vaccine to monitor for any unexpected changes in health or allergic reactions.

Can I consent to this vaccine?

COVID-19 vaccines are only provided if informed consent is received from the person to be vaccinated, including those aged 12 to 17, and as long as you have the capacity to make this decision. This means that you understand:

- what vaccination involves,
- why it is being recommended; and
- the risks and benefits of accepting or refusing to be vaccinated.

Even if you are able to provide informed consent, it would be a good idea to talk about this decision with your parent/guardian or an adult you trust such as your principal or a teacher.

If you are not able to consent to receiving the vaccine, you require consent from your substitute decision-maker, such as their parent or legal guardian.

What if I have allergies?

The health care provider at the vaccine clinic will ask if you have allergies and talk through what is right for you – you may be asked to wait longer at the clinic after your immunization,

The [COVID-19 Vaccine Information Sheet: for Youth \(age 12-17\)](#) has details about the vaccine ingredients, including polyethylene glycol (PEG), tromethamine, and/or polysorbate 80.

For more detailed recommendations for individuals with allergies, please consult [Vaccination Recommendations for Special Populations](#) guidance document

What if I have other medical conditions?

Please consult the [Vaccination Recommendations for Special Populations](#) guidance document for information. If you have a medical condition for which you receive ongoing treatment, you may wish to speak to your health care provider about whether the vaccine is right for you.

What if I take blood thinners?

If you have a bleeding problem, bruise easily, or use a blood-thinning medicine (e.g. warfarin or heparin) you can receive the vaccine.

What if I fainted the last time I got a vaccine or I have a fear of needles?

If you have fainted, or became dizzy with previous vaccinations or procedures, or if you have a high level of fear about injections, you should still get the vaccine. Tell the health care provider at the clinic so that appropriate supports can be offered. You can also bring a person with you for support such as a friend or your parent/guardian.

COVID-19 Vaccination After Care

What should I do right after receiving the vaccine?

- After your vaccine, you should stay in the clinic for 15 to 30 minutes. This is to make sure you do not have an allergic reaction. Allergic reactions do not happen often. Staff giving vaccines know how to treat allergic reactions. Let staff know if you notice a skin rash, swelling of your face or mouth or throat, problems breathing, and/or feel unwell.
- If waiting inside the clinic, be sure to leave your mask on and remain at least 2 metres/6 feet away from others.
- Use the alcohol-based hand rub to clean your hands before leaving the clinic.

- Do not operate a vehicle or other form of transportation for at least 15 to 30 minutes after being vaccinated (as advised by the health care provider) or if you are feeling unwell.
- If someone is picking you up from the clinic, they should get you after the 15 to 30 minute waiting period in the clinic is finished. Your support person or driver should follow the direction of clinic staff regarding where to meet/collect you.

What should I expect in the next few days?

- You may have some side effects from the vaccine. They should go away in a few days.
- Common expected side effects include: pain, swelling and colour changes (e.g. red, purple) at the site where the needle was given. Applying a cool, damp cloth where the vaccine was given may help with soreness.
- Other symptoms may include: tiredness, headache, muscle pain, chills, joint pain, and fever. If needed, pain or fever medication (such as acetaminophen or ibuprofen) may help with pain or fever.
- Serious side effects after receiving the vaccine are rare. However, should any of the following adverse reactions develop within three days of receiving the vaccine, seek medical attention right away or call 911 if severely unwell: hives, swelling of the face or mouth or throat, trouble breathing, serious drowsiness, high fever (over 40°C), convulsions or seizures, or other serious symptoms (e.g., “pins and needles” or numbness).
- If you are concerned about any reactions you experience after receiving the vaccine, contact your health care provider. You can also contact your [local public health unit](#) to ask questions or to report an adverse reaction.

Things to remember after you receive the vaccine

- Continue wearing a mask, staying at least 2 metres from others and limiting/avoiding contact with others outside of your household.
- Do not receive any other vaccines from now until at least 28 days after any dose of your COVID-19 vaccine (unless considered necessary by your health care provider). Keep this sheet (or other immunization record) AND your printed COVID-19 immunization receipt from the vaccination today in a safe place and bring it with you for follow-up COVID-19 vaccinations as instructed by the vaccination clinic.

COVID-19 Vaccine Youth (Age 12-17) Consent Form

CONSENT FORM – COVID-19 Vaccine

Version 1.0 – May 21, 2021

Last Name	First Name	Identification number (e.g., health card, passport, birth certificate, driver's license)	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer		Name of your Primary Care Clinician (Family Physician, Pediatrician or Nurse Practitioner)	
If Indigenous, please indicate your Indigenous identity: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis (includes members of the Métis organization or Settlement) <input type="checkbox"/> Inuk/ Inuit <input type="checkbox"/> Other Indigenous, specify: _____ <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Unknown			
Mobile Phone	Parent or other Phone		
Street Address		City	
		Province	
		Postal Code	

<p>Date of Birth*</p> <p>----- / ----- / ----- month day year</p> <p>*You must be 12 or older at the time of your first dose</p>	<p>School you will be attending in the fall of 2021</p> <hr/> <input type="checkbox"/> Prefer not to answer Home school Unknown Not attending school
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Is this your **first or second dose** of the vaccine?

First
 Second

If second, please indicate the date of the first dose and name of vaccine administered:

-----/-----/----- (month, day, year)

----- Name of vaccine administered for a 1st dose

Consent to Receive the Vaccine

I have read (or it has been read to me) and I understand the Immunization Prepackage, including the following documents: 'COVID-19 Vaccine Information Sheet' or the 'COVID-19 Vaccine Information Sheet: For Youth (age 12-17)' and 'What youth need to know about their COVID-19 vaccine appointment'.

- I have had the opportunity to ask questions regarding the vaccine I am receiving and to have them answered to my satisfaction.

I consent to receiving all recommended doses in the vaccine series.

OR

I am a consenting on the patient's behalf and I confirm that I am the patient's substitute decision maker (e.g., parent, legal guardian).

- I understand that I may withdraw this consent at any time.

Note: Please contact the vaccination clinic where you are supposed to receive the Covid-19 vaccine if you change your mind and no longer consent to receiving the vaccine. This will allow someone else to take your spot. If consent has been withdrawn by a substitute decision maker of an individual who resides in a congregate setting, then the congregate setting must contact the local public health unit.

Acknowledgement of Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected for the purpose of providing care to you and creating an immunization record for you, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes authorized and required by law. For example,

- it will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the Health Protection and Promotion Act. And
- it may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.

The information will be stored in a health record system under the custody and control of the Ministry of Health.

Where a Clinic Site is administered by a hospital, the hospital will collect, use and disclose your information as an agent of the Ministry of Health.

I acknowledge that I have read and understand the above statement.

You may be contacted by a hospital, local public health unit, or the Ministry of Health for purposes related to the COVID-19 vaccine (for example, to remind you of follow up appointments and to provide you with a record of immunization). If you agree to receiving these follow up communications by email or text/SMS, please indicate this using the box below.

I consent to receiving follow-up communications:

by email

by text/SMS

If you agreed to be contacted by email or text/SMS, please provide your email address or your text/SMS number:

Consent to Being Contacted About Research Studies

You have the option of consenting to be contacted by researchers about participation in COVID-19 vaccine related research studies. If you consent to be contacted, your personal health information will be used to determine which studies may be relevant to you, and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. Participating in research is voluntary. You may refuse to consent to be contacted about research studies without impacting your eligibility to receive the COVID-19 vaccine.

If you do not wish to be contacted about research studies, please indicate this below.

If you consent to be contacted about research studies, and then change your mind, you may withdraw consent at any time by contacting the Ministry of Health at vaccine@ontario.ca.

Consenting to be contacted about research studies will not impact your eligibility to receive the Covid-19 vaccine.

I consent to be contacted about COVID-19 vaccine related research studies:

by email

by phone

by text/SMS

by mail

If selected by email, please provide your email address: _____

I do not consent to be contacted about COVID-19 related research studies

Signature	Print Name	Date of Signature

If signing for someone other than yourself, indicate your relationship to the person you are signing for:

If signing for someone other than myself, I confirm that I am the substitute decision maker.

FOR CLINIC USE ONLY							
Agent	COVID-19	Product Name		Lot #		Dose Amount:	
Anatomical Site	<input type="checkbox"/> Left deltoid <input type="checkbox"/> Right deltoid	Route	Intramuscular (IM)		Dose #:		
Date Given	_____ / _____ / _____ (mm/dd/yyyy)		Time Given	_____ : _____ am pm	AEFI? (after receiving current dose)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Given By (Name, Designation)			Location				
Authorized By							
Reason for Immunization	<input type="checkbox"/> Youth 12+ <input type="checkbox"/> Age Priority Population – Age Eligible Population <input type="checkbox"/> Other reason: _____						
Reason Immunization Not Given	<input type="checkbox"/> Immunization is contraindicated <input type="checkbox"/> Practitioner recommends immunization but no PATIENT consent <input type="checkbox"/> Practitioner decision to temporarily defer immunization <input type="checkbox"/> Medically Ineligible <input type="checkbox"/> Patient withdrew consent for series						

Your dose 2 of 2 is
scheduled for:

----- / ----- / ----- (mm/dd/yyyy) ----- : ----- am pm

Ministry of Health

COVID-19 Vaccine Information Sheet: For Youth (age 12-17)

Version 1.0 – May 19, 2021

This document provides basic information only and is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

To date, the following COVID-19 vaccines have been authorized for use in Canada by Health Canada: [Pfizer-BioNTech COVID-19 vaccine](#), [Moderna COVID-19 vaccine](#), [AstraZeneca COVID-19 vaccine](#), [COVISHIELD COVID-19 vaccine](#), and [Janssen COVID-19 vaccine](#). Currently, the Pfizer-BioNTech vaccine is the only COVID-19 vaccine authorized by Health Canada for children aged 12 and up.

All [vaccines for COVID-19](#) authorized for use in Canada have been evaluated by Health Canada, using rigorous standards. Health Canada will continue to monitor all vaccines to make sure they are safe and effective.

Please read this information sheet carefully and make sure all your questions have been answered by a health care provider before you get the vaccine.

What is COVID-19?

COVID-19 is an infection caused by a new coronavirus (SARS-CoV-2). COVID-19 was recognized for the first time in December 2019 and has since spread around the world to cause a pandemic. COVID-19 is mainly passed from an infected person to others when the infected person coughs, sneezes, sings, talks or breathes. It is important to note that infected people can spread the infection even if they have no symptoms. [Symptoms of COVID-19](#) can include cough, shortness of breath, fever, chills, tiredness and loss of smell or taste. Some people infected with the virus have no symptoms at all, while others have symptoms that range from mild to severe.

Children who get infected with COVID-19 typically experience mild symptoms.

However, some children can get very sick requiring hospitalization. Children can also get a serious medical condition called "Multisystem Inflammatory Syndrome in Children." Others can experience more serious, longer-lasting symptoms that can

affect their health and well-being. In very rare cases, the virus can also cause death in children. Like adults, children also can transmit the virus to others if they are infected, even if they don't feel sick.

How do the vaccines protect against COVID-19?

All vaccines work by presenting our body with something that looks like the infection so that our immune system can learn how to produce its own natural protection. This natural protection then helps to prevent future illness if you come into contact with the COVID-19 virus in the future. **You cannot get COVID-19 from the vaccine.**

All COVID-19 vaccines authorized for use in Canada are effective at protecting against symptomatic, lab-confirmed disease.

- Vaccine efficacy 14 days after dose one and before dose two is estimated to be over 90% for Pfizer-BioNTech.
- It is important that you receive **both doses** of the vaccines. Long-term protection against COVID-19 is not achieved until after the second dose of vaccine is received for two dose vaccines.

The Pfizer-BioNTech vaccine has been demonstrated to be highly effective at protecting against COVID-19 for individuals 12 and over. The Pfizer-BioNTech clinical trial studied 2,260 youth aged 12 to 15 years old in the United States. In the trial, there were 18 cases of COVID-19 in the group that did not get the vaccine (the “placebo” group) compared to zero cases in the vaccinated group. Based on these results, the vaccine was calculated to be 100% effective in the trial.

Who can receive these vaccines?

A complete vaccine series should be offered to individuals without contraindications to the vaccine and in currently identified priority groups.

- The Pfizer-BioNTech COVID-19 vaccine is currently authorized for individuals 12 years of age and older.

At the vaccination clinic, you will be counselled on the benefits and risks of the vaccine you are receiving prior to receiving the vaccine.

- You should receive the same COVID-19 vaccine product for your first and second dose.

Before receiving the vaccine, tell the health care provider at the clinic who is helping you if:

- You are currently feeling unwell or have signs and symptoms of COVID-19.
- You have had a previous allergic reaction to any other vaccine, a COVID-19 vaccine (if this is your 2nd dose) or any ingredients in the COVID-19 vaccines which are listed below in this document.
- You have any allergies or allergic conditions to anything.
- You are or could be pregnant or are breastfeeding. You can still get your vaccine if you are pregnant or are breastfeeding.
- You are immunosuppressed due to disease or treatment or have been diagnosed with an autoimmune condition.
- You have ever fainted or became dizzy after receiving a vaccine or a medical procedure, or you have a fear of needles. The healthcare provider may offer supports to assist you to make the experience safer and more comfortable for you.
- You have a bleeding disorder or are taking medication that could affect blood clotting. This information will help the healthcare provider prevent bleeding or bruising from the needle at the time of vaccination.
- You have received any other vaccine (not COVID-19 vaccine) in the past 14 days.

The [Vaccination Recommendations for Special Populations](#) guidance document provides additional information for people who are breastfeeding or pregnant, have allergies, autoimmune conditions, or are immunocompromised due to disease or treatment, as well as for adolescents at very high risk of severe outcomes from COVID-19. The [Vaccination in Pregnancy and Breastfeeding Decision-Making Support Tool](#) can help make an informed decision about COVID-19 vaccination during pregnancy and breastfeeding. If you have questions about whether the vaccine is right for you based on your medical condition, talk to the health care provider who provides care to you like a specialist, your paediatrician or family doctor.

What are the ingredients in the vaccines?

Ingredients		Pfizer-BioNTech
Medical		<ul style="list-style-type: none"> mRNA
Non-medical	Lipids	<ul style="list-style-type: none"> ALC-0315 ALC-0159 – a polyethylene glycol (PEG) 1,2-Distearoyl-sn-glycero-3-phosphocholine (DSPC) Cholesterol
	Salts	<ul style="list-style-type: none"> Dibasic sodium phosphate dihydrate Monobasic potassium phosphate Potassium chloride Sodium chloride
	Sugar	<ul style="list-style-type: none"> Sucrose Water for injection

COVID-19 vaccines **do not** contain eggs, gelatin (pork), gluten, latex, preservatives, antibiotics or aluminum.

Who should wait to get their COVID-19 vaccine?

- People who have received another vaccine (not a COVID-19 vaccine) in the previous 14 days.
- People with symptoms of an acute illness (e.g., runny nose, sore throat, cough, fever, chills, diarrhea, nausea/vomiting); they should wait until symptoms have completely resolved/ gotten better in order to avoid confusing any complications resulting from the illness to a vaccine-related side effect.
- People with [symptoms of COVID-19](#) – they should self-isolate, and be encouraged to get tested.
- Anyone who has been advised to self-isolate because of COVID-19 by public health or another health provider.

How is the vaccine administered?

- The COVID-19 vaccine is given as a needle in the upper arm (into the deltoid muscle).

What are the side effects of the vaccine?

COVID-19 vaccines, like all vaccines, may cause side effects, although not everyone experiences them. Those who do experience them, mostly report mild side effects within the first 1-2 days after vaccination. The most commonly reported side effects after receiving a COVID-19 vaccine are localized reactions including pain, swelling, and colour changes in the skin (e.g. red, purple) at the injection site, and tiredness, headache, muscle pain, joint pain, chills, and mild fever.

Ongoing studies on these COVID-19 vaccines indicate serious side effects found to-date are **extremely rare**. People who have received the vaccine in these studies continue to be monitored for any longer-term side effects.

Clinic staff are prepared to manage a severe allergic reaction should it occur. When receiving your second dose of COVID-19 vaccine, **tell the health care provider administering the second dose if you had any side effects after the first dose.**

If I am feeling unwell after my vaccine, when should I call my health care provider?

If you experience side effects that are worrying you or do not seem to be going away after a few days, talk to your parents or caregivers and contact your health care provider. Go to the nearest **emergency department or call 911** if any of the following adverse reactions develop within three days of receiving the vaccine:

- hives
- swelling of the face or mouth
- trouble breathing
- serious drowsiness
- high fever (over 40°C)
- convulsions or seizures
- other serious symptoms (e.g., "pins and needles" or numbness)

You can also contact your [local public health unit](#) to ask questions.

When should I return for my second dose?

If this is your first dose of the vaccine, be sure to return for your second dose as instructed by the vaccination clinic or the health care provider who provided you with your first dose. It is important that you receive two doses of the vaccine as protection against COVID-19 is not optimal until after the second dose of vaccine is received. Bring your immunization record when you come for your second dose. **It is very important that you receive the second dose even if you experienced side effects the first time.**

Who should I contact with any questions?

If you have any questions, please speak with your health care provider or the person providing the vaccine. If you are in school, your principal or other school staff may also be able to help answer questions for you.