

COVID-19 Vaccinations for Children

WHAT YOU NEED TO KNOW

Thank you for scheduling an appointment for your child's COVID-19 vaccine at the Kapi'olani Medical Center for Women & Children COVID-19 Vaccine Clinic. Following is important information about how to prepare for your appointment.

LOCATION:

Kapi'olani Medical Center for Women & Children
1319 Punahou Street
Honolulu, HI 96826

VACCINE CLINIC HOURS:

Saturday, Nov. 19, 8 a.m. to 4 p.m. and Saturday, Dec. 17, 8 a.m. to Noon.

PARKING:

We encourage patients to self-park in the Kapi'olani parking garage. Parking in the garage is FREE for those being vaccinated. Validation will be provided at the clinic.

Convenient valet parking is also available for a fee. Enter the patient drop-off area from Bingham Street and see the valet staff for assistance.

CHECK-IN:

Upon your arrival at Kapi'olani, check in for your appointment in the Diamond Head Tower lobby. Please arrive no earlier than 15 minutes before your scheduled appointment. Patients who arrive too early will be asked to wait in a designated waiting area.

WHAT TO BRING WITH YOU:

- 1) Picture ID.
- 2) Health insurance card (if you have one).
- 3) Prevacination Checklist (see third page).
If you are able to print and complete the checklist, please do so and bring it to your appointment. If you cannot print this document, we will have them available for you to complete at your appointment. IMPORTANT: Please understand that Hawai'i Pacific Health may bill your insurance for vaccine administration.
- 4) Bring a printed copy of your appointment confirmation or be able to show your appointment confirmation on your mobile device.
- 5) If this appointment is for a second dose or booster shot, bring the CDC COVID-19 Vaccination Record Card that was provided to you at your first appointment.
- 6) Face masks must be worn at all times by everyone ages 2 and older.

WHAT TO EXPECT DURING YOUR APPOINTMENT:

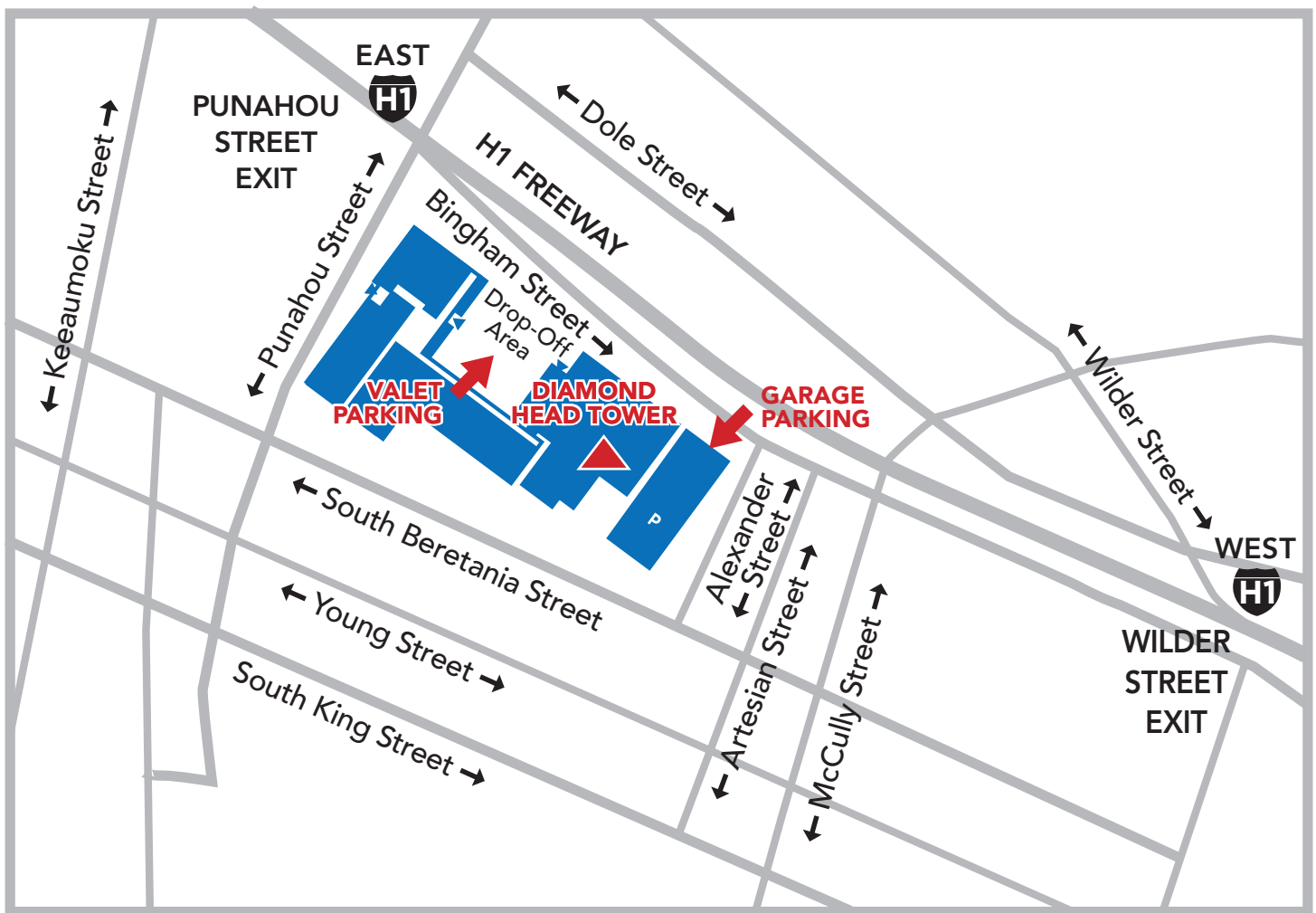
- When checking in for your child's appointment, be prepared to show the items listed above.
- Following check-in, you will be directed to the vaccine clinic. Staff will provide further instructions and guide you to a vaccination station where a health professional will explain the process and administer the shot.
- For your child's safety and well-being, they will be monitored for any side effects by medical personnel for a minimum of 15 minutes after receiving their shot.
- The Pfizer vaccine for children 6 months through 4 years of age is a three-dose series. The initial two doses are administered three weeks apart followed by a third dose administered at least eight weeks after the second dose. Before leaving, clinic staff will help schedule an appointment for your child's next dose.
- Dress children in comfortable clothing. The vaccine is given in the upper thigh for children 2 years and younger, so it is recommended that clothing be loose to allow easy access to the area.

All children receiving a vaccine must be accompanied to their appointment by a parent or legal guardian.



CREATING A HEALTHIER HAWAI'I

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▲ Check-in will be in the lobby.

Prevaccination Checklist for COVID-19 Vaccination



Name _____

For vaccine recipients (both children and adults):

The following questions will help us determine if there is any reason COVID-19 vaccine cannot be given today.

If you answer "yes" to any question, it does not necessarily mean the vaccine cannot be given. It just means additional questions may be asked. If a question is not clear, please ask the healthcare provider to explain it.

	Yes	No	Don't know
1. How old is the person to be vaccinated? _____			
2. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever received a dose of COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If yes, which vaccine product was administered? <div> <input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Janssen (<i>Johnson & Johnson</i>) <input type="checkbox"/> Another Product </div> <div> <input type="checkbox"/> Moderna <input type="checkbox"/> Novavax _____ </div>			
<ul style="list-style-type: none"> How many doses of COVID-19 vaccine were administered? _____ 			
<ul style="list-style-type: none"> Did you bring the vaccination record card or other documentation? 	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the person to be vaccinated have a health condition or undergoing treatment that makes them moderately or severely immunocompromised? <i>This would include, but not limited to, treatment for cancer, HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant [HCT], or moderate or severe primary immunodeficiency.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person to be vaccinated received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person to be vaccinated ever had an allergic reaction to: <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>			
<ul style="list-style-type: none"> A component of a COVID-19 vaccine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> A previous dose of COVID-19 vaccine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the person to be vaccinated ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Check all that apply to the person to be vaccinated:			
<input type="checkbox"/> Have a history of myocarditis or pericarditis			
<input type="checkbox"/> Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?			
<input type="checkbox"/> History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT)			
<input type="checkbox"/> Have a history of thrombosis with thrombocytopenia syndrome (TTS)			
<input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS)			
<input type="checkbox"/> Have a history of COVID-19 disease within the past 3 months?			
<input type="checkbox"/> Vaccinated with monkeypox vaccine in the last 4 weeks?			

Form reviewed by _____

Date _____