Corpus Christi – Nueces County
Public Health District
1702 Horne Rd., Corpus Christi, TX 78416
Phone: 361-826-7200 Fax: 361-826-1343

Public Health
Prevent. Promote. Protect.

July 22, 2021

Dear Parents or Guardians:

The Corpus Christi- Nueces County Health District (CCNCPHD) strongly recommends that eligible children, ages 12 through 18, get vaccinated against COVID-19. The vaccine is currently the best defense against contracting the COVID-19 virus. Cases are beginning to rise again here in Nueces County and across the state. Vaccinating eligible children will make it easier for them to resume normal activities such as in-person learning, sports, and extra-curricular activities. The American Academy of Pediatrics (AAP) recently recommended that all children attending school wear masks. The Center for Disease and Control (CDC) recommends that all unvaccinated people wear mask when in congregate indoor settings. The Health District supports the AAP's recommendation and knows that parents will do what is best for their children to receive the best education available while in a safe environment.

Reasons to vaccinate your children:

1. Vaccines protect you from getting COVID-19.
2. COVID-19 is now listed as a **Vaccine Preventable Disease.**
3. Children account for 22% of new COVID cases in the US per the AAP.
4. Although children and adolescents have decreased hospitalization and death rates compared to adults, our hospitalization and deaths are increasing among the younger populations. This is due in part to variants and changes in behavior (relaxed mask mandates, increased social gatherings, etc.)
5. COVID-19 ranks as a TOP 10 cause of death in the United States for TEENS. This death is preventable with a simple and very SAFE vaccine.
6. Natural immunity to COVID-19 is short-lived. Vaccinated immunity lasts longer and does not cause Multi Inflammatory Syndrome in Children (MIS-C) or other complications from getting COVID-19 infection.
7. Fully vaccinated asymptomatic students DO NOT have to quarantine after an exposure to a COVID positive person. Therefore, they will not miss school or other extracurricular activities.

CCNCPHD will offer COVID-19 vaccinations at:
School Name: TULOSO-MIDWAY ISD
Date: AUGUST 2 AND 3, 2021
Consent form must be signed prior to getting your child vaccinated.

We appreciate you doing your part to keep our schools and community safe.

Your consideration is greatly appreciated to help mitigate this pandemic.

Sincerely,

Annette Rodriguez, MPH
Director of Public Health

ADMIN NURSE: _____

Moderna
Pfizer
Janssen

COVID-19 VACCINATION SCREENING QUESTIONS

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Instructions: Fill out the following questionnaire **as clearly as possible**. Fill out one form per one person. Form must be completely filled out.

VACCINE DOSE: ☐ **FIRST** ☐ **SECOND** DATE: _____ CURRENT TIME: _____

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____ EMAIL: _____

(Please initial): _____ I AM 18 YEARS OF AGE AND OLDER
Under 18 years of age, parent must sign consent on question 9 below

BIRTHDATE: _____

SEX: M or F RACE: _____ ETHNICITY: _____

COUNTRY OF BIRTH: _____

ADDRESS: _____ ZIP CODE: _____

CITY: _____ STATE: _____ COUNTY: _____

JOB TITLE: _____

PLACE OF EMPLOYMENT: _____

CHECK ONE OF THE FOLLOWING ANSWERS	**Yes**	**No**	
1. Are you currently pregnant or breastfeeding?	☐	☐	
2. Have you received convalescent plasma in the past 3 months?	☐	☐	
3. Have you received monoclonal antibodies in the past 3 months?	☐	☐	
4. Have you been diagnosed with COVID-19 in the past?	☐	☐	
o **When:**			
5. Have you ever had a severe allergic reaction (e.g. anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen, or for which you had to go to the hospital?	☐	☐	
6. Did you have a severe allergic reaction after receiving a COVID-19 Vaccine?	☐	☐	☐ **I have not yet received the Vaccine**
7. Have you received any other vaccinations in the past 14 days?	☐	☐	
8. Have you ever had a severe allergic reaction after receiving another vaccine or another injectable Medication	☐	☐	

9. I *(PLEASE SIGN)* _____ authorize to consent for vaccination for the patient named above who is at least 12 years of age.

10. Vaccine Arm: _____(LEFT OR RIGHT)