

# COVID-19 VACCINATION CONSENT FORM 2021

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Steps for completing this consent form:

- Read the information provided in PART 1
- Answer the eligibility checklist in PART 2
- Answer the safety checklist in PART 3
- Sign and date the consent in PART 4 if receiving the vaccine
- Please speak to one of our practice team members if you have any questions

### OFFICE USE ONLY

Temp: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ INITIALS: \_\_\_\_\_

## PART 1 – About COVID-19 Vaccination

### **General Information:**

- People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19.
- The COVID-19 vaccination is free.
- It is not mandatory to have the COVID-19 vaccine. It is your choice to have the vaccination or not.
- There are two brands of vaccine in use in Australia. Both are effective and safe. For adults aged under 50 years either brand may be used, however Comirnaty (Pfizer) vaccine is preferred over AstraZeneca COVID-19 vaccine.
- To be vaccinated you will get a needle in your arm. You need to have the vaccination two times, on different days. You need to have the same brand of vaccine both times. Our practice will inform you when you need to have the second vaccination.
- Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild. They may start on the day of vaccination and last for around 1-2 days. As with any vaccine or medicine there may be rare and/or unknown side effects. We encourage you to notify us if you have any side effects (e.g. sore arm, headache, fever), particularly if troubling you.
- A very rare side effect of blood clotting has been reported in the 4-20 days after the first dose of AstraZeneca COVID-19 vaccine. This is not seen after the second dose of AstraZeneca COVID-19 vaccine or after any dose of Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the 'COVID-19 Vaccination Patient Information Sheet on AstraZeneca' (available from reception).
- Some people may still get COVID-19 after vaccination. Therefore, it is important that you still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:
  - ✓ keep your distance – stay at least 1.5 metres away from other people

- ✓ washing your hands often with soap and water, or use hand sanitiser
  - ✓ wear a mask if your state or territory has advised you should
  - ✓ stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.
- The COVID-19 vaccine will not protect you from the common cold or influenza (the flu).
  - Our practice recommends receiving the annual influenza vaccine (at least 2 weeks apart from the COVID-19 vaccine) if clinically appropriate. We will inform you of the best time to receive a 2021 influenza vaccine.
  - As a vaccination provider we are required by Australian law to record all vaccinations on the Australian Immunisation Register. You can view your vaccination record online through your:
    - Medicare account
    - MyGov account
  - We will upload a record of your COVID vaccination to your My Health Record account, if you provide consent below. You will receive an SMS/email from the government notifying you of this upload.

### **Adverse Events Information:**

The COVID-19 vaccine is generally well tolerated. However, to ensure your safety (and as per government regulations) you will be required to remain at the practice for a period after your vaccination. A member of our practice team will direct you to a specific post-vaccination waiting area where you will be monitored for at least 15-30 minutes.

If you have a history of severe allergic reactions or any type of immediate allergic reaction to a vaccine or injectable therapy, you will be monitored for at least **30 minutes** after receiving the vaccine. All other people will be monitored for at least **15 minutes** after receiving the vaccine.

The incidence of severe allergic reaction (anaphylaxis) to the COVID-19 vaccine is exceedingly rare, however, it is important that you notify us if you are experiencing any unusual symptoms or adverse effects.

### **Notify us immediately if you are experiencing any of the following symptoms:**

- difficulty breathing, rapid breathing, shortness of breath and wheezing
- skin rash, hives, itching and swelling under the skin
- faintness, light-headedness, dizziness, flushing and fast heart rate
- nausea and vomiting
- tongue swelling, difficulty swallowing, facial swelling, impaired voice, mental confusion, or nasal congestion

Most adverse reactions are mild and generally resolve within a few days of vaccination. The most reported adverse effects from COVID-19 vaccines include:

- tenderness and pain at the injection site (sore arm)
- muscle and joint pain
- headache
- fever/ chills
- tiredness and malaise
- nausea

If you would like more information about COVID-19 or the AstraZeneca COVID-19 vaccine, please speak to your doctor. On request, a copy of the Consumer Medicines Information (CMI) for this vaccine can be provided.

## **PART 2 – Eligibility (Phase 1b)**

To be eligible to receive a COVID-19 vaccine as part of phase 1(b) of the national rollout strategy you must be 18 years of age or older and fall into at least one of the categories listed below.

**Please tick the category that applies to you and provide evidence to the COVID Clinic receptionist if indicated:**

- Adult 70 years and over (**show proof of age if this is your first time visiting the practice**)
  - Aboriginal or Torres Strait Islander person 55 years and over (**show proof of age if this is your first time visiting the practice**)
- Please also indicate whether you identify as:
- Aboriginal
  - Torres Strait Islander
  - Aboriginal and Torres Strait Islander
- Health care worker not included in phase 1(a) of the rollout (**show proof of occupation**)
  - Carers and people in disability settings (**show proof of occupation/status**)
  - Adults with an underlying medical condition, including those with a disability (**show proof of medical condition if our practice does not have previous record of diagnosis**)
  - Critical and high-risk workers including defence, police, fire, emergency services, meat processing and Government officials about to be deployed overseas on official government business (**show proof of occupation**)

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Eligibility notes:	
DATE:     /     /	INITIALS: _____

## **PART 3 – Safety Checklist**

Today you have made an appointment to receive a COVID-19 vaccine (AstraZeneca/ Oxford University candidate).

**To ensure your safety and that you receive the full benefit from your vaccine, please answer the following questions:**

**Note:** *If you answer YES to any of the following questions, a member of our clinical team will speak to you prior to vaccination to ensure you are able to safely receive the vaccine.  
Most people who answer YES to a question will still be able to receive the COVID-19 vaccine.*

***Please circle relevant answer***

1. Do you have any serious allergies, particularly anaphylaxis, to anything, or do you carry or have you been prescribed an adrenaline autoinjector (Epipen)? ..... YES / NO
2. Have you had an allergic reaction after being vaccinated before? ..... YES / NO
3. Do you have a known allergy to any of the ingredients in the COVID vaccine provided today? (***please refer to the ingredient list at end of checklist***) ..... YES / NO
4. Do you have a mast cell disorder? ..... YES / NO
5. Do you currently have a high temperature (fever) or acute illness? ..... YES / NO
6. Have you been sick in the previous 14 days with a cough, sore throat, fever or are you feeling sick in another way? ..... YES / NO
7. Have you had COVID-19 infection before? ..... YES / NO
8. Do you have a bleeding disorder or take any medication to thin your blood (e.g. aspirin/ warfarin/ Plavix/ Xarelto)? ..... YES / NO

9. Do you have any condition that may weaken your immune system (e.g. blood disorder, cancer, diabetes, kidney disease requiring dialysis)? \_\_\_\_\_ YES / NO
10. Do you take any medication, or are you receiving treatment, that may weaken your immune system (e.g. prednisone, cyclosporin, chemotherapy, radiotherapy)? \_\_\_\_\_ YES / NO
11. Are you pregnant, think you may be pregnant or planning to become pregnant? \_\_\_\_\_ YES / NO
12. Are you breastfeeding? \_\_\_\_\_ YES / NO
13. Have you had a COVID-19 vaccination before? \_\_\_\_\_ YES / NO
14. Have you received any other vaccination in the last 14 days? \_\_\_\_\_ YES / NO
15. Have you had cerebral venous sinus thrombosis (a type of brain clot) in the past? \_\_\_\_\_ YES / NO
16. Have you had heparin-induced thrombocytopenia (a rare reaction to heparin treatment) in the past? \_\_\_\_\_ YES / NO
17. Are you under 50 years of age? \_\_\_\_\_ YES / NO

### **COVID-19 Vaccine (AstraZeneca) Ingredients**

- |   |                       |
|---|-----------------------|
| • ChAdOx1-S (active ingredient)                     | • sucrose (sugar)     |
| • histidine and histidine hydrochloride monohydrate | • ethanol absolute    |
| • sodium chloride (salt)                            | • polysorbate 80      |
| • magnesium chloride hexahydrate                    | • water for injection |

## **PART 4 – Consent**

### ***Consent to receive the COVID-19 Vaccine***

- I confirm that I have read and understood the information provided in this form regarding COVID-19 vaccination (general information and adverse effects).
- I confirm that I have answered the safety checklist questions accurately and that none of the conditions outlined apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider.
- I agree to receive a course of COVID-19 vaccine at the approved intervals (two doses of the same vaccine).
- I agree to remain at the practice for a minimum of 15 minutes after receiving the COVID-19 vaccine for observation.

**Patient's name:** \_\_\_\_\_

**Patient's signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- I am the patient's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

**Legal guardian/substitute decision-maker's name:** \_\_\_\_\_

**Legal guardian/substitute decision-maker's signature:** \_\_\_\_\_

**Relationship to patient:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### ***Consent for upload to My Health Record***

- I would like a record of my COVID-19 Vaccination uploaded to My Health Record