

COVID-19 VACCINATION CONSENT FORM 2022

PFIZER



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 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 three brands of vaccine in use in Australia. All are effective and safe. Comirnaty (Pfizer) and Moderna are preferred over Vaxzevria (AstraZeneca) for adults under 60 years of age.
- 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. Some people with a severely compromised immune system may require a 3rd dose as part of their primary course.
- 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 (thrombosis) with low platelet levels (thrombocytopenia) has been reported following vaccination with the COVID-19 Vaccine Vaxzevria (AstraZeneca). This is not seen with the Comirnaty (Pfizer) and Moderna vaccines. For further information on the risk of this rare condition refer to the 'Patient Information Sheet On AstraZeneca COVID-19 Vaccine And Thrombosis With Thrombocytopenia Syndrome (TTS)' (available from reception and www.health.gov.au).
- Myocarditis and pericarditis (heart inflammation) have been reported following Pfizer and Moderna. Most cases have been mild and people have recovered quickly.
- 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 7 days 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 Comirnaty (Pfizer) COVID-19 vaccine, please speak to your doctor. A copy of the Consumer Medicines Information (CMI) for this vaccine can be found on the TGA website (www.tga.gov.au).

PART 2 – Eligibility

If you are aged 12 years and over you are eligible to receive the Comirnaty (Pfizer) COVID-19 vaccine.

Please confirm below:

- I am 12 years of age or over (**you may be required to show proof of age if this is your first time visiting the practice**)

PART 3 – Safety Checklist

Today you have made an appointment to receive a COVID-19 vaccine (Comirnaty/Pfizer).

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, including a previous dose of a COVID-19 vaccine? 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. Have you ever had mastocytosis (a mast cell disorder) which has caused anaphylaxis? 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 history of:
 - Recent (within the past 6 months), or current, inflammatory cardiac illness (e.g. myocarditis, pericarditis, endocarditis) YES / NO
 - Acute rheumatic fever or acute rheumatic heart disease YES / NO
 - Dilated cardiomyopathy (especially if aged 12-29 years) YES / NO
 - Complex or severe congenital heart disease including single ventricle (Fontan circulation) YES / NO
 - Severe heart failure YES / NO
9. Are you a cardiac transplant recipient? YES / NO
10. Do you have a bleeding disorder or take any medication to thin your blood (e.g. aspirin/ warfarin/ Plavix/ Xarelto)? YES / NO
11. Do you have any condition that may weaken your immune system (e.g. blood disorder, cancer, diabetes, kidney disease requiring dialysis)? YES / NO
12. Do you take any medication, or are you receiving treatment, that may weaken your immune system (e.g. prednisone, cyclosporin, chemotherapy, radiotherapy)? YES / NO
13. Are you pregnant, think you may be pregnant or planning to become pregnant? YES / NO
14. Are you breastfeeding? YES / NO
15. Have you had a COVID-19 vaccination before? YES / NO
16. Have you received any other vaccination in the last 7 days? YES / NO
17. Are you **under 12** years of age? YES / NO

COVID-19 Vaccine (Pfizer) Ingredients

- BNT162b2 (mRNA)
- Distearoylphosphatidylcholine (DSCP)
- Cholesterol
- (4-hydroxybutyl) azanediyl bis(hexane-6,1-diyl) bis(2-hexyldecanoate) (ALC-0315)
- 2- [(polyethylene glycol)-2000]-N, N-ditetradecylacetamide (ALC-0159) disodium edetate (EDTA)
- Potassium chloride
- Monobasic potassium phosphate
- Sodium chloride
- Dibasic sodium phosphate dihydrate
- sucrose (sugar)
- water for injection

PART 4 – Consent

Consent to receive the Comirnaty (Pfizer) 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 Comirnaty (Pfizer) 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 Comirnaty (Pfizer) COVID-19 vaccine for observation.

Patient's name: _____

Patient's signature: _____

Date: ____/____/____

For patients under 15 years of age and/or patients who require a legal guardian or decision maker:

- I am the patient's legal guardian or legal substitute decision-maker, and agree to Comirnaty (Pfizer) 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