

CONSENT FORM for Covid-19 Pfizer vaccination

CONSENT TO RECEIVE COVID-19 VACCINE:

- I confirm I have received and understood information provided to me on the Covid-19 vaccination
- I confirm none of the conditions below apply, or I have discussed these and/or any other special circumstances with my regular health care provider or vaccination service provider.
- I agree to receive a course of Covid-19 vaccine (two doses of the same vaccine)

TODAY I am receiving: Dose 1: Dose 2:

Name	
Signature	
Date	

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

Name	
Signature	
Date	

ABOUT THE COVID-19 VACCINE

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19. Pfizer is recommended for adults under 60 years of age.

The COVID-19 vaccination is free. You choose to have the vaccination or not

To be vaccinated you will get a needle in your arm. You need to have the vaccination two times on different days. There are different brands of vaccine. You need to have the same brand of vaccine both times. The person giving you your vaccination will tell you when you need to have the 2nd vaccination (normally 3 weeks after your 1st).

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild and last 1-2 days. As with any vaccine or medicine, there may be rare and/or unknown side effects.

There is a rare side effect of blood clotting (thrombosis) with low platelet levels reported following the Covid-19 AstraZenica vaccine. This is not seen after Comirnaty (Pfizer) vaccine.

Tell your healthcare provider if you have any side effects after vaccination that you are worried about. You will be contacted by SMS within the week after receiving the vaccine to see how you are feeling.

- Some people may still get COVID-19 after vaccination. You must 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
- Wash 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

Vaccination providers record all vaccinations on the Australian Immunisation Register; as required by Australian Law. You can view your vaccination record online through your

- Medicare account,
- MyGov account or
- MyHealthRecord account

PLEASE TURN OVER

HOW IS THE INFORMATION YOU PROVIDE AT YOUR APPOINTMENT USED

Information on collection, storage and use found here: <https://www.health.gov.au/covid19-vaccines>

ON THE DAY YOU RECEIVE YOUR VACCINE

Before you are vaccinated, tell the person giving you the vaccination if you:

- Have any allergies, particularly anaphylaxis (a severe allergic reaction) to a previous dose or ingredient in a Covid-19 vaccine or to any other vaccines or medication. This may include things like an itchy rash, your tongue getting bigger, your breathing getting faster, you wheeze or your heart beats faster.
- Are immunocompromised. This means you have a weakened immune system that may make it harder for you to fight infections and other diseases. You can still have the Covid-19 vaccine but may wish to consider the timing of the vaccination depending on your underlying condition and/or treatment.

YES	NO	QUESTION
		Have you had a COVID-19 vaccine before?
		Have you had an allergic reaction to a previous dose of Covid-19 vaccine?
		Have you had an allergic reaction (anaphylaxis) after any other vaccination OR medication before?
		Do you have any serious allergies, particularly anaphylaxis, to anything, carry or have been prescribed an adrenaline auto-injector (EpiPen)
		Have you received any other vaccination in the last 7 days?
		Do you have a mast cell disorder?
		Do you have a bleeding disorder
		Do you take any medicine to thin your blood (an anticoagulant therapy)?
		Do you have a weakened immune system (immunocompromised)?
		Are you pregnant (having a baby) or think you might be pregnant? *
		Have you received any other vaccine in the past 7 days?
		Have you been sick with a cough, sore throat, fever or feeling sick in another way?
		Have you received the Covid-19 vaccination before
		Are you over 17 and under 60 years of age?

Comirnaty (Pfizer) is the preferred vaccine but if not available AstraZenica Covid-19 vaccine can be considered if the benefits outweigh the risks

Please read our "After your Vaccination" document while you wait the required 15 minutes after your vaccine.

Please talk to your doctor if you have any questions or concerns before getting your Covid-19 vaccination