COVID-19 VACCINATION

Consent form for COVID-19 vaccination

Before you fill out this form, make sure you read the information sheet on the vaccine you will be getting: Nuvaxovid (Novavax)

There are four brands of vaccine in use in Australia. You can have:

- AstraZeneca or Novavax if you are 18 years or over
- Moderna if you are 6 years or over*
- Pfizer if you are 5 years or over*

At this clinic, we offer Novavax only. Most people require two doses initially. This is called the primary course. Novavax has also now been approved as a booster or third dose.

People with severe immunocompromise may require a third primary dose to bring their immune response up to optimal levels.

For more information visit the Department of Health COVID-19 vaccine website: www.health.gov.au/covid-19-vaccines

As with any vaccine or medicine, there may be rare or unknown side effects. These side effects may start on the day of vaccination and last for one or two days. The more common side effects may include tenderness or pain at the injection site, headache, fever, fatigue, malaise, joint and muscle pain.

Please tell your healthcare provider if you have any side effects like a sore arm, chest pain, heart palpitations, shortness of breath, headache, fever, body aches or any symptom that is unusual for you.

You will be asked to remain in the centre for 15 minutes observation after your vaccination, but if you have a previous history of anaphylaxis to a vaccine you will be required to wait for 30 minutes.

By law, the person giving your vaccination must record it on the Australian Immunisation Register. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- My Health Record account (you can register for this with a Medicare number or an Individual Healthcare Identifier)

How your information is used

For information on how your personal details are collected, stored and used, visit www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations.

On the day you have your vaccine

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

- have had an allergic reaction, particularly a severe allergic reaction (anaphylaxis), to:
  - a previous dose of a COVID-19 vaccine
  - an ingredient of a COVID-19 vaccine
  - other vaccines or medications
- are immunocompromised. This means that you have a weakened immune system that makes it harder for you to fight diseases. You can still have a COVID-19 vaccine but talk to your doctor about when is the best time to get your vaccine. This will depend on your condition and your treatment.

Consent Checklist

Yes	No	
☐	☐	Have you had an allergic reaction to a previous dose of a COVID-19 vaccine?
☐	☐	Have you had anaphylaxis to another vaccine or medication?
☐	☐	Have you had a serious adverse event, that following expert review by an experienced immunisation provider or medical specialist was attributed to a previous dose of a COVID-19 vaccine (and did not have another cause identified)?
☐	☐	Have you ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis?
☐	☐	Have you had COVID-19 before?
☐	☐	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? [#]
☐	☐	Have you been sick with a cough, sore throat, fever or are feeling sick in another way?
☐	☐	Have you had a COVID-19 vaccination before?
☐	☐	Have you received any other vaccination in the last 7 days?

Relevant only for those receiving AstraZeneca:

Yes	No	
☐	☐	Have you ever been diagnosed with capillary leak syndrome?
☐	☐	Have had thrombosis (clotting) together with thrombocytopenia (low platelets) within 42 days after having a previous dose of AstraZeneca?
☐	☐	Have you ever had cerebral venous sinus thrombosis? *
☐	☐	Have you ever had heparin-induced thrombocytopenia? *
☐	☐	Have you ever had blood clots in the abdominal veins (splanchnic veins)? *
☐	☐	Have you ever had antiphospholipid syndrome associated with blood clots? *
☐	☐	Are you under 60 years of age? *

[#] Pfizer and Moderna are the preferred vaccines for pregnant women. If these vaccines are not available, Novavax or AstraZeneca can be considered. More information see: https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/pregnant-women

* Pfizer, Moderna, or Novavax are the preferred vaccines for people in these groups. If these vaccines are not available, AstraZeneca can be considered if the benefits of vaccination outweigh the risks.

For more information, see https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/tts

Patient information

Name:											
Medicare number:											
Individual Health Identifier (IHI) if applicable:											
Date of birth:											
Address:											
Phone contact number:											
Email address:											
Gender:											
Language spoken at home:											
Country of birth:											

Are you Aboriginal and/or Torres Strait Islander?

☐ Yes, Aboriginal only
☐ Yes, Torres Strait Islander only
☐ Yes Aboriginal and Torres Strait Islander
☐ No
☐ Prefer not to answer

Next of kin (in case of emergency):	
Name:	
Phone contact number:	

Consent to receive COVID-19 vaccine

☐ I confirm I have received and understood information provided to me on COVID-19 vaccination.

☐ I confirm that I have none of the above conditions apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider.

☐ I agree to receive a course of COVID-19 vaccine / I agree to receive a booster of COVID-19 vaccine

Patient's name:	
Patient's signature:	
Date:	