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| Patient Name | Type the patient name here | Date | Click or type the date |

**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: Vaxzevria (AstraZeneca), Comirnaty (Pfizer) or Spikevax (Moderna).*

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease COVID-19. Their risk of hospitalization from COVID-19 is also much lower.

There are three brands of vaccine in use in Australia. All are effective and safe. You can have:

* AstraZeneca if you are 18 years or over
* Pfizer or Moderna if you are 12 years or over.

Pfizer or Moderna are preferred over AstraZeneca for adults under 60 years of age.

Most people require two doses initially. This is called the primary course.

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

People aged 18 years or over can have a booster dose of Pfizer or AstraZeneca six months or more after their primary course, to prolong their protection against COVID-19.

See [ATAGI recommendations on use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised](https://health.gov.au/news/atagi-recommendations-on-the-use-of-a-third-primary-dose-of-covid-19-vaccine-in-individuals-who-are-severely-immunocompromised) and [ATAGI recommendations on the use of a booster dose of COVID-19 vaccine.](https://health.gov.au/resources/publications/atagi-recommendations-on-the-use-of-a-booster-dose-of-covid-19-vaccine)

Medical experts have studied COVID-19 vaccines to make sure they are safe.

Most side effects, including local reaction at injection site, headaches, fever, tiredness, are very common but are often mild and should resolve within 3 days. They may start on the day of vaccination and last for around 1-2 days. The vaccine will not cause a sore throat, runny nose or cough- if you have these you should let us know. Like any other vaccines, anaphylaxis is very rare, and unknown side effects will be monitored. As with any vaccine or medicine, there may be rare and/or unknown side effects

A rare side effect of blood clotting has been reported in the 4-42 days after the first dose of AstraZeneca COVID-19 vaccine. This is not seen after any dose of Comirnaty (Pfizer) vaccine or Moderna.

A rare potential side effect after having the Comirnaty (Pfizer) vaccine is myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the heart lining). These are usually mild and are self-limiting. The risk appears slightly higher after the second dose.

In order to assist us in monitoring side effects, you will receive a text and questionnaire from SMARTVAX. Please respond to this so that you can tell us if you have any side effects like a sore arm, headache, fever, fatigue, headache, chills, muscle pains, joint pain, or something else. You may use paracetamol for symptom relief.

Please contact us if you have any problems and make sure you read the post vaccination sheet we provide you after your vaccine.

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
* MyHealthRecord account.

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

* Have had an allergic reaction, particularly anaphylaxis (a severe allergic reaction) to a previous dose of a COVID-19 vaccine, to an ingredient of a COVID-19 vaccine, or to other vaccines or medications.
* If you are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases.
* If you have a past history of cerebral venous sinus thrombosis (a type of brain clot) or heparin induced thrombocytopenia (a rare reaction to heparin treatment)

Please complete the following questionnaire before you are vaccinated. If you are unsure of any responses, please discuss with your doctor.

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| **Yes** | **No** |  |
|  |  | Do you have any serious allergies, particularly anaphylaxis, to anything, or  carry or have been prescribed an adrenaline autoinjector (EpiPen)? |
|  |  | Have you had an allergic reaction after being vaccinated before? |
|  |  | Have you had COVID-19 before? |
|  |  | Do you have a recent history of myocarditis (inflammation of the heart muscle), pericarditis  (inflammation of the heart lining), infection of the heart valves, severe heart failure,  recent rheumatic fever, or cardiomyopathy ? |
|  |  | Do you take any medicine to thin your blood (an anticoagulant therapy), or do you  have a bleeding disorder? |
|  |  | Do you have a weakened immune system (immunocompromised)? |
|  |  | Have you had cerebral venous sinus thrombosis (a type of brain clot), heparin induced  thrombocytopenia, idiopathic splanchnic vein thrombosis, blood clots in the abdominal veins  in the past? |
|  |  | Do you have a mast cell disorder? |
|  |  | Have you had heparin-induced thrombocytopenia (a rare reaction to heparin treatment)  in the past, or clotting associated with cardiolipin antibodies or lupus anticoagulant  antibodies? |
|  |  | Are you pregnant or think you might be pregnant, or breast feeding? |
|  |  | Have you been sick with a cough, sore throat, fever or are feeling sick in another way? |
|  |  | Have you had a history of the rare condition called “capillary leakage syndrome”? |
|  |  | Have received any other vaccination in the last 7 days? |

**Consent to receive COVID-19 vaccine**

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|  | I have confirmed my eligibility as per the Government Guidelines as published at  <https://covid-vaccine.healthdirect.gov.au/eligibility> |
|  | I confirm I have received and understood information provided to me on COVID-19 vaccination |
|  | I confirm that none of the conditions above 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 (two doses of the same vaccine) |

**Signature** (can be electronic)

**Name of person signing:**

Click or tap here to enter text.