

# Consent form for COVID-19 vaccination

Full Name:	
Date of birth:	
Phone contact number:	
e-mail:	
Sex:	

## About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from COVID-19.

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
- Moderna if you are 12 years or over
- Pfizer if you are 5 years or over\*

\*There is a separate consent form available for children aged 5 to 11 years.

- 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, including people with severe immunocompromise and pregnant women, can have a booster dose of Pfizer, Moderna (half dose), or AstraZeneca four months or more after their primary course, to prolong their protection against COVID-19.

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.

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 one or two days. As with any vaccine or medicine, there may be rare or unknown side effects.

Some people may get COVID-19 after vaccination. You must still follow all public health advice 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
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

## On the day you receive 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 may make it harder for you to fight infections and other diseases. You can still have a COVID-19 vaccine, but may wish to consider the best timing of vaccination depending on your underlying condition and/or treatment.

**Yes No (please mark as required)**

- 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 was attributed to a previous dose of a covid-19 vaccine?
- 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 or do you think you might be pregnant? Are you breastfeeding?
- 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 received any other vaccination in the last 7 days?

**For AstraZeneca Vaccine only:**

- Have you had cerebral venous sinus thrombosis (a type of brain clot) in the past?
- Have you ever been diagnosed with capillary leak syndrome?
- Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenic Syndrome (TTS), following a previous dose of a COVID-19 vaccine?
- Have you had heparin-induced thrombocytopenia (a rare reaction to heparin treatment) in the past?
- Have you ever had blood clots in the abdominal veins?
- Have you ever had antiphospholipid syndrome associated with blood clots?
- Are you under 60 years of age?

\* Pfizer or Moderna 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.

**Relevant only for those receiving Pfizer (Comirnaty) or Moderna (SpikeVax):**

- Have you been diagnosed with myocarditis and/or pericarditis after a previous dose of Pfizer or Moderna?
- Have you had myocarditis or pericarditis within the past three months?
- Do you currently have acute rheumatic fever or acute rheumatic heart disease?
- Do you have severe heart failure?
- Are you a recipient of a heart transplant?

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

## Consent to receive COVID-19 vaccine

- 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

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

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

Guardian/substitute decision-maker's name:	
Guardian/substitute decision maker's signature:	

Guardian/substitute decision-maker's name:	
Date:	