# 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), Spikevax (Moderna) or Nuvaxovid (Novavax).* (Last updated: 02 Feb 2022)

## **About COVID-19 vaccination**

People who have a COVID-19 vaccination course 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 or Novavax if you are 18 years or over, Moderna if you are 12 years of over or Pfizer if you are 5 years or over (there is a separate consent form for children aged 5 -11).

Pfizer, Moderna or Novavax 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 16 years or over, including people with severe immunocompromised and pregnant women, should have a booster dose three months or more after their primary course, to prolong their protection against COVID-19.

* People aged 16 and over can have a booster dose of Pfizer
* People aged 18 and over can have Pfizer of Moderna as a booster
* AstraZeneca is not preferred but can be used in some instances in people over 18 years

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

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.

A very rare side effect after AstraZeneca is called thrombosis with thrombocytopenia syndrome, or TTS. This means blood clotting (thrombosis) with low blood platelet levels (thrombocytopenia). TTS does not happen after Pfizer or Moderna. Myocarditis and pericarditis (heart Inflammation) have been reported following Pfizer and Moderna. Most cases have been mild and people have recovered quickly. Tell your health care provider if you have any side effects after vaccination that you are worried about. .

You may be contacted by SMS or email in the week after you have the vaccine to see how you are feeling

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.

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 is the information you provide used**

For information on how your personal details are collected, stored and used visit

<https://www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations>.

**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, to an ingredient of a COVID-19 vaccine, or to 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 form for COVID-19 Vaccination**

*Name of the Receptionist: (office use only)*

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| --- | --- |
| **Patient Information Dose**  **1 / 2 / 3** (office use) | |
| Name: Date of birth: | |
| Address: | |
| Phone number: Medicare Card Number: | |
| email: Gender: Male / Female / Other | |
| Next of kin (in case of emergency) Name: Phone: | |
| Are you Aboriginal and / or Torres Strait Islander?   * Aboriginal * Torres Strait Islander * Aboriginal and Torres Strait Islander | * No * Prefer not to answer |
| Language spoken at home: | |
| Country of birth : | |
| Questions: Please answer the following questions:  Please talk to your doctor if you have any questions or concerns before getting your COVID-19 vaccination.   |  |  |  | | --- | --- | --- | | Yes | No |  | |  |  | Have you had an allergic reaction to a previous dose of 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 :* | | | |  |  | 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 does 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, Moderna or Novavax are the preferred vaccine for people in these groups. If these vaccines are not available, AstraZeneca can be considered if the benefits of vaccination outweigh the risk. For more information, see <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/tts> # 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>    *Relevant only for those receiving Pfizer or Moderna:*   |  |  |  | | --- | --- | --- | | Yes | No |  | |  |  | Have you been diagnosed with myocarditis and/or pericarditis after a previous dose Pfizer or Moderna? | |  |  | Have you had myocarditis, pericarditis or endocarditis within the past three months? | |  |  | Do you currently have acute rheumatic fever or acute rheumatic heart disease? | |  |  | Do you have severe heart failure? |   If you answered **Yes** to any of the above questions, you may still be able to receive Pfizer or Moderna, however you should talk to your GP, immunisation specialist or cardiologist first to discuss the best timing of vaccination and whether any additional precautions are needed.  **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 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 name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: / /   * I am the patient’s parent, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date / / | |
| **For Provider use:**   |  |  |  |  | | --- | --- | --- | --- | |  | **Dose 1** | **Dose 2** | **Dose 3 or Booster\*** | | Date vaccine administered |  |  |  | | Time received |  |  |  | | COVID-19 vaccine brand administered |  |  |  | | Batch number |  |  |  | | Serial number |  |  |  | | Site of vaccine injection |  |  |  | | Name of vaccination service provider |  |  |  |   \*See [ATAGI recommendations on use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised,](https://www.health.gov.au/resources/publications/atagi-recommendations-on-the-use-of-a-third-primary-dose-of-covid-19-vaccine-in-individuals-who-are-severely-immunocompromised) [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), and [ATAGI recommendations on the use of Spikevax Moderna as a booster dose.](https://www.health.gov.au/news/australian-technical-advisory-group-on-immunisation-atagi-recommendations-on-the-use-of-spikevax-moderna-as-a-covid-19-booster-vaccine) | |