

About the COVID-19 Vaccine:

People who have a COVID-19 vaccination have a much lower chance of becoming very unwell from the COVID-19 infection. There are three brands of vaccine currently in use in Australia. All are effective and safe.

People aged 18 years or over can have a booster dose of Pfizer (Comirnaty), Moderna (Spikevax) or AstraZeneca (Vaxzevria) five months** or more after their primary course, to prolong their protection against COVID-19.

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.

Myocarditis and pericarditis (heart inflammation) have been reported following Pfizer and Moderna vaccinations. Most cases have been mild and people have recovered quickly.

Please tell your health care provider if you have any side effects after vaccination that you are worried about.

Before you have your vaccine:

Please select which dose of Pfizer you will be having:

- First dose
- Second dose
- Booster dose
- Third primary dose **

Temperature: _____

**Some people who are severely immunocompromised should have a third dose of the vaccine to achieve the same level of immunity as the general population. An mRNA vaccine (Pfizer or Moderna) is preferred to AstraZeneca for this third dose

Patient information:

Name:	
Date of birth:	
Address:	
Contact number:	

Next of kin:	
Contact number:	

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 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
- 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?
- Have you had acute rheumatic fever or acute rheumatic heart disease within the past three months?
- Have you been diagnosed with severe heart failure within the past three months?
- Have you ever been diagnosed with Mastocytosis?

- 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 COVID19 vaccine

x

Patient Signature (or substitute decision maker)

date

Patient Name: _____

Date of birth: ___ / ___ / ___

For provider use:

Dose 1:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 2:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 3 or booster:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	