

- Bring your Medicare card, document that prove your age and/or your occupation (if applicable) for the vaccination.
 - Bring along documentation that verify one's medical condition(s) (if applicable), if you are not our usual patient.
 - Which phase do you belong to, in the Vaccination Roll – out (please circle) Phase 1a 1b 2a 2b 3
- (Please go <https://covid-vaccine.healthdirect.gov.au/eligibility> if you are unsure)



🌀 Patient information

Name:	Medicare number:	Sex: M / F
Date of birth:	Address:	

Side effects may include a sore arm, transient headache, transient joint pain, transient fever or transient tiredness. As with any vaccine or medicine, there may be rare and/or unknown side effects. One of the rare side effects, is vaccine-induced pro-thrombotic thrombocytopenia. This is the development of clots in the body. Symptoms reported are persistent headaches, nausea, visual disturbances and abdominal pain for 4 to 20 days after the vaccination.

Australian Technical Advisory Group on Immunisation (ATAGI) recommends that **the Pfizer (Comirnaty) vaccine is preferred over COVID-19 Vaccine AstraZeneca in adults aged under 60 years.**

If you have a side effect that worries you, please let us know. You shall be offered the **Oxford / AstraZeneca COVID-19 Vaccine.**

Before you get vaccinated, tell us if you have:

- Any allergies, especially anaphylaxis or previous use of an EpiPen.
- 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.

Question	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?		
Do you have any other allergies? If yes, please specify		
Do you have a Mast Cell Disorder?		
Have you had Allergen Immunotherapy (AIT) or venom Immunotherapy (VIT) injections in the previous 48 hours?		
Have you had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion in the last 24 hours?		
Have you been sick with a cough, sore throat, fever or are feeling sick in another way?		
Are you below 18 years old?		
Are you under 60 years old?		
Have received any other vaccination in the last 7 days?		
Are you pregnant or think you might be pregnant (Pfizer Vaccine is preferred)		
Do you have history of cerebral venous thrombosis or Heparin-induced thrombocytopenia?		
Do you have a past history of idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis or Anti-phospholipid syndrome with thrombosis?		
Do you have a past history of Guillain-Barre Syndrome?		
Are you planning to get pregnant? Are you breastfeeding?		
Have you been sick with COVID-19 before? Recommended to wait 6 months post infection.		
Have you had an Oxford/ AstraZeneca COVID-19 vaccination before? (Pfizer Vaccine ineligible) The recommended timing of the second dose of the vaccine is 12 weeks		
Do you have a weakened immune system (immunocompromised)?		
Have you ever fainted after having a vaccination?		

Caution: If you are taking blood thinner / has a bleeding disorder – you may develop more bruising / bleeding at site of injection.

🌀 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 and I have considered the risks and benefits and agree to proceed.

I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine).

Patient's name:	Patient's signature:
Date:	
I am the patient's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination of the patient named above.	
Legal guardian/substitute decision-maker's name:	
Guardian's signature:	

Please stay on site for 15 minutes post vaccination, to allow observation. If you have past history of allergies, it is recommended you stay for an extra 15 minute – a total of 30 minutes (half an hour) or be referred to an immunologist for further investigation. For information on how your personal details are collected, stored and used visit <https://www.health.gov.au/covid19-vaccines>.

🌀 For provider use:

Please circle	Dose 1	Dose 2
Date vaccine administered:	Time received:	
Oxford Astra Zeneca Batch no:		
Site of vaccine injection:	LD	RD Others: pls specific
Name of vaccinator	Doctor-in-charge	
Please circle: THD Branch UW CH CAP GSL WE		