



Queensland  
Government

## Recommendation to Receive the Pfizer (Comirnaty™) COVID-19 Vaccine

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### Patient Details

Surname:

First name:

Date of birth:

Sex:

Male  Female  Other

Contact number:

Home address:

Medicare number:

Expiry date:

-       -

*Single digit next to  
patient name*

/

Leave blank if patient does not have a Medicare number

The patient noted above has a history of the following medical condition(s) and it is recommended they receive the Pfizer (Comirnaty™) COVID-19 vaccine according to current ATAGI advice.

- Cerebral Venous Sinus Thrombosis (CVST)
- Heparin Induced Thrombocytopenia (HIT)
- Idiopathic splanchnic (mesenteric, portal or splenic) venous thrombosis
- Anti-phospholipid syndrome with thrombosis
- Anaphylaxis, thrombosis with thrombocytopenia or other serious adverse event attributed to the first dose of the AstraZeneca COVID-19 vaccine\*
- History of anaphylaxis to a component of the AstraZeneca COVID-19 vaccine\*
- Current pregnancy where first dose was AstraZeneca COVID-19 vaccine and consumer is now requesting Pfizer COVID-19 vaccine for Dose 2
- Other approved medical contraindication to AstraZeneca COVID-19 vaccine. Please note that HHS vaccination clinics may require further information to assess eligibility and your patient may not be vaccinated on the day of presentation if this is unavailable (*attach further supporting documents as necessary*)

\*It is advisable to contact your local Public Health Unit for advice or consider referring your patient to the state-wide Queensland Adult Specialist Immunisation Service (QASIS) at the Royal Brisbane & Women's Hospital through the Metro North Health Central Patient Intake Unit [CPI](#).

Medical Practitioner (print name):

Practice name:

Contact number:

Registration number OR Provider number:

**MED000**

Signature:

Date:

### Instructions for the Patient

Keep this completed form safe. You will be required to present this form on arrival to the vaccination clinic.

Medical practitioners should retain a copy of the completed form within the patient's medical record.

Print form

Reset form

