

- Bring your Medicare card, document that prove your age and/or your occupation (if applicable) for the vaccination.
- 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 injection site pain, fatigue, headache, muscle ache, joint pain, chills, nausea and vomiting, swelling & tenderness in the armpits area, fever, injection site swelling / redness. Other side effects include delayed injection site reactions (> 7 days post vaccination of pain, redness and swelling of site), urticaria (hives), itchiness, lymph node swelling and pain and facial swelling in history of dermatological fillers (rare), Bell's Palsy (sudden facial nerve weakness), and anaphylaxis (cannot breathe and cardiovascular collapse). A rare side effect is **myocarditis / pericarditis** (chest pain, pressure, discomfort; palpitations; fainting; shortness of breath; pain with breathing), especially in males under 30 years of age after the second dose. As with any vaccine or medicine, there may be rare and/or unknown side effects.

The **Moderna vaccine (Spikevax)** is now offered to anyone **aged 12 and older**, by the Australian government. The eligibility criteria are evolving, please check with the government website (<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines>) for the latest update. You shall be offered the **Moderna vaccine**. If you have a side effect that worries you, please let us know.

The active ingredient of Moderna vaccine (Spikevax) is the mRNA embedded in the SM-102 lipid nanoparticles (LNP). Other ingredients include: Heptadecan-9-yl 8-[2-hydroxyethyl-(6-oxo-6-undecyloxyhexyl) amino] octanoate, Cholesterol (enhances membrane fluidity), Distearoylphosphatidylcholine, 1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000, Trometamol, Trometamol hydrochloride, Acetic acid, Sodium acetate trihydrate, Sucrose (sugar) and Water for injections

🌀 Before you get vaccinated, we would like you to answer the following questions:

Question	Yes	NO
Anaphylaxis or a hypersensitivity reaction to a previous Moderna vaccine or any of its contained ingredients (refer to list above) or to any mRNA vaccine (including Pfizer).		
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 currently have a fever (temperature > 38.5 degree Celsius) or are you feeling sick today?		
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?		
Do you have a past history of Guillain barre syndrome?		
Are you older than 12 years old?		
Have you had the Moderna COVID-19 vaccine less than 28 days (minimum time span is >14 days)?		
Did you suffer from myocarditis, pericarditis or endocarditis within the last 3 months?		
Have you received Anti-Sars-CoV-2 monoclonal antibody (e.g., Sotrovimab or Ronapreve) or convalescent plasma for treatment in the last 90 days?		
Do you have a bleeding disorder, take any blood thinning medication (anticoagulation)?		
Do you have dermatological filler? It may cause facial swelling (rare).		
Have you been sick with COVID-19 before? Recommended to wait 6 months post infection.		
Have you ever fainted after having a vaccination?		
Do you have a condition or take medication (including infusions) or treatment that weakens your immune system (immunocompromised)? We may need to liaise with your treating physician.		
BOOSTER		
If you are severely immunocompromised as defined by the ATAGI (Australian Technical Advisory Group on Immunisation). Has it been more than 2 months (minimum of 1 month) since your second COVID-19 vaccination?		
If you are not severely immunocompromised, has it been more than 6 months since your second COVID-19 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 Moderna (Spikevax) 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 before the COVID-19 vaccination.

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:	
Moderna Batch no:	Serial Number:	
Site of vaccine injection:	LD	RD Others: pls specific
Name of vaccinator	Doctor-in-charge	
Please circle: THD Branch UW CH CAP GSL WE		