

Covid Vaccination Consent

Date

Please read and tick if yes

- 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?
- 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 (having a baby) or think you might be pregnant?
- Are you planning to get pregnant?
- Are you breastfeeding?
- 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 received any other vaccination in the last 14 days?
- Are you at risk of having covid-19 e.g. travel, contact ?
If so, where _____ & when _____

Doctor asked questions

- Have you had central venous sinus thrombosis?
- Have you had heparin induced thrombocytopenia?
- Are you taking any medications that we are not aware of?
- Are you having drugs given into your veins? (IVIG)

It is important that the covid vaccination is at least two weeks before or after other vaccinations such as the flu vaccine. Our receptionist will arrange a time for your second covid vaccination or the flu vaccination if you need them. It is suggested that you have both types of vaccination.

Please talk to your doctor if you have any questions or concerns before getting your COVID-19 vaccination.

Doctor

Patient Name

Signature.