

**MUDGEERABA GENERAL PRACTICE**  
**CONSENT FORM.....COVID-19 Vaccination Clinic**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Title \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

***This section to be completed by NEW PATIENTS only...***

Are you of Aboriginal or Torres Strait Islander origin? Yes No If Yes, please advise \_\_\_\_\_

Home address \_\_\_\_\_

Phone number \_\_\_\_\_

Medicare Card Number \_\_\_\_\_/\_\_\_\_ Expiry date \_\_\_\_\_

Veterans' Affairs Card Number \_\_\_\_\_ Expiry date \_\_\_\_\_

**EMERGENCY CONTACT (next of kin)**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

## Consent form for COVID-19 vaccination

### About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19. There are two brands of vaccine in use in Australia. Both are effective and safe. For adults aged under 60 years either brand may be used, however Comirnaty (Pfizer) vaccine is preferred over AstraZeneca COVID-19 vaccine. You need to have two doses of the same brand of vaccine. The person giving you your vaccination will tell you when you need to have the second vaccination.

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 around 1-2 days. As with any vaccine or medicine, there may be rare and/or unknown side effects.

A very rare side effect of blood clotting (thrombosis) with low blood platelet levels (thrombocytopenia) has been reported following vaccination with the COVID-19 Vaccine AstraZeneca. This is not seen after Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the Patient information sheet on AstraZeneca COVID-19 vaccine and thrombosis with thrombocytopenia syndrome (TTS).

You can tell your healthcare provider if you have any side effects like a sore arm, headache, fever, or any other side effect you are worried about.

Some people may still get COVID-19 after vaccination. So you must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people;
- washing your hands often with soap and water, or use hand sanitiser;
- wear a mask, if your state or territory has advised that you should; and
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your Medicare account; MyGov account or MyHealthRecord account.

### How is the information you provide at your appointment used

For information on how your personal details are collected, stored and used visit <https://www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations>.

### On the day you receive your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

- Have any allergies, particularly anaphylaxis (a severe allergic reaction) to a previous dose of a COVID-19 vaccine, to an ingredient of a COVID-19 vaccine, or to other vaccines or medications. An allergy is when you come near or in contact with something and your body reacts to it and you get sick very quickly. This may include things like an itchy rash, your tongue getting bigger, your breathing getting faster, you wheeze or your heart beating faster.
- Are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. Sometimes a disease like diabetes or cancer can cause this or certain medicines or treatments you take, such as

medicine for cancer. You can still have a COVID-19 vaccine, but may wish to consider the best timing of vaccination depending on your underlying condition and/or treatment.

- If you have a past history of cerebral venous sinus thrombosis (a type of brain clot) or heparin induced thrombocytopenia (a rare reaction to heparin treatment)

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 was attributed to a previous dose of a COVID-19 vaccine?
- Have you ever had mastocytosis which has caused recurrent anaphylaxis?
- 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?  
*Relevant for AstraZeneca COVID-19 vaccine only:*
- Have you ever been diagnosed with capillary leak syndrome?
- Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenic Syndrome (TTS), following a previous dose of a COVID-19 vaccine?
- Have you ever had cerebral venous sinus thrombosis? \*
- Have you ever had heparin-induced thrombocytopenia? \*
- Have you ever had blood clots in the abdominal veins (splanchnic veins)? \*
- Have you ever had antiphospholipid syndrome associated with blood clots? \*
- Are you under 60 years of age? \*

\* Comirnaty is the preferred vaccine for people in these groups but if not available, AstraZeneca COVID-19 vaccine can be considered if the benefits of vaccination outweigh the risk. For more information refer to the: Patient information sheet on thrombosis with thrombocytopenia syndrome (TTS) at [health.gov.au](http://health.gov.au).

*Relevant only for those receiving Comirnaty:*

- Have you ever had myocarditis or pericarditis?
- Do you currently have, or have you recently had acute rheumatic fever or endocarditis?
- Do you have congenital heart disease?
- For people under 30 years of age: do you have dilated cardiomyopathy?
- Do you have severe heart failure?
- Are you a recipient of a heart transplant?

### 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
- 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 guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

Guardian/substitute decision-maker's name:	
Guardian/substitute decision-maker's signature:	
Date:	