



# COVID-19 VACCINATION

# Consent form for COVID-19 vaccination

Before you fill out this form, make sure you read the information sheet on the vaccine you will be getting: Vaxzevria (AstraZeneca), Comirnaty (Pfizer), Spikevax (Moderna), or Nuvaxovid (Novavax).

Last updated: 21 September 2022

## About COVID-19 vaccination

People who have a COVID-19 vaccination course have a much lower chance of getting sick from COVID-19.

There are four brands of vaccine in use in Australia. All are effective and safe.

You can have:

- AstraZeneca if you are 18 years or older
- Novavax if you are 12 years or older
- Moderna if you are 6 months or older\*
- Pfizer if you are 5 years or older\*

\*There are separate consent forms available for children under 12.

Pfizer, Moderna, or Novavax are preferred over AstraZeneca for adults under 60 years of age.

Most people require two doses initially. This is called the primary course.

People with severe immunocompromise may require a third primary dose to bring their immune response up to optimal levels.

Booster doses are available from 3 months after the primary course. Second booster doses (also called 4<sup>th</sup> dose) are also available for specified people from 3 months after the first booster.

- People aged 12 and over can have a booster dose of Pfizer.
- People aged 18 and over can have Pfizer or Moderna as a booster.

AstraZeneca and Novavax are not preferred for the booster dose but can be used in some instances. For more information visit the Department of Health COVID-19 vaccine website:

[www.health.gov.au/covid-19-vaccines](http://www.health.gov.au/covid-19-vaccines)

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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 one or two days. As with any vaccine or medicine, there may be rare or unknown side effects.

A very rare side effect after AstraZeneca is called thrombosis with thrombocytopenia syndrome, or TTS. This means blood clotting (thrombosis) with low blood platelet levels (thrombocytopenia). TTS does not happen after Pfizer or Moderna.

There is rare risk of myocarditis and pericarditis (heart inflammation) following Moderna, Pfizer and AstraZeneca vaccines. The risk appears highest with Moderna, followed by Pfizer, and is lower with AstraZeneca. Cases have been reported after Novavax but the rate with this vaccine is not yet known.

Tell your health care provider if you have any side effects after vaccination that you are worried about.

You may be contacted by SMS or email in the week after you have the vaccine to see how you are feeling.

Some people may get COVID-19 after vaccination. You must still follow all public health advice 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
- wash your hands often with soap and water, or use hand sanitiser
- wear a mask
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

By law, the person giving your vaccination must record it on the Australian Immunisation Register. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- My Health Record account (you can register for this with a Medicare number or an Individual Healthcare Identifier).

## How your information is used

For information on how your personal details are collected, stored and used, visit [www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations](http://www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations).

If you are getting your vaccination in a pharmacy, the pharmacy must share some of your personal information with the Pharmacy Programs Administrator. This is so the pharmacy can claim payment from the Australian Government. More information about why this is needed and what information is shared is provided at the link above.

## On the day you have your vaccine

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

- have had an allergic reaction, particularly a severe allergic reaction (anaphylaxis), to:
  - a previous dose of a COVID-19 vaccine
  - an ingredient of a COVID-19 vaccine
  - other vaccines or medications
- are immunocompromised. This means that you have a weakened immune system that makes it harder for you to fight diseases. You can still have a COVID-19 vaccine but talk to your doctor about when is the best time to get your vaccine. This will depend on your condition and your treatment.

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## Consent Checklist

| Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an allergic reaction to a previous dose of a COVID-19 vaccine?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had anaphylaxis to another vaccine or medication?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a serious adverse event, that following expert review by an experienced immunisation provider or medical specialist was attributed to a previous dose of COVID-19 vaccine (and did not have another cause identified)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had COVID-19 before?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take any medicine to thin your blood (an anticoagulant therapy)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a weakened immune system (immunocompromised)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? #   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been sick with a cough, sore throat, fever or are feeling sick in another way?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a COVID-19 vaccination before?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received any other vaccination in the last 7 days?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been diagnosed with myocarditis and/or pericarditis after a previous COVID-19 vaccine dose? ^  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had myocarditis or pericarditis within the past three months? ^  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently have acute rheumatic fever or acute rheumatic heart disease? ^   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have severe heart failure? ^   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with capillary leak syndrome? ^  |

# Pfizer and Moderna are the preferred vaccines for pregnant women. If these vaccines are not available, Novavax or AstraZeneca can be considered. For more information, see: [www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/pregnant-women](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/pregnant-women)

^If you answered yes to any of these questions, you should talk to your immunisation provider about which vaccine is best for you, and to consider whether any additional precautions are needed. For more information, see: [www.health.gov.au/resources/publications/covid-19-vaccination-guidance-on-myocarditis-and-pericarditis-after-mrna-covid-19-vaccines](http://www.health.gov.au/resources/publications/covid-19-vaccination-guidance-on-myocarditis-and-pericarditis-after-mrna-covid-19-vaccines)

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| Relevant only for those receiving AstraZeneca: |                          |   |
|--|--------------------------|---|
| <input type="checkbox"/>                       | <input type="checkbox"/> | Have had thrombosis (clotting) together with thrombocytopenia (low platelets) within 42 days after having a previous dose of AstraZeneca? |
| <input type="checkbox"/>                       | <input type="checkbox"/> | Have you ever had cerebral venous sinus thrombosis? *   |
| <input type="checkbox"/>                       | <input type="checkbox"/> | Have you ever had heparin-induced thrombocytopenia? *   |
| <input type="checkbox"/>                       | <input type="checkbox"/> | Have you ever had blood clots in the abdominal veins (splanchnic veins)? *  |
| <input type="checkbox"/>                       | <input type="checkbox"/> | Have you ever had antiphospholipid syndrome associated with blood clots? *  |
| <input type="checkbox"/>                       | <input type="checkbox"/> | Are you under 60 years of age? *  |

\* Pfizer, Moderna, or Novavax are the preferred vaccines for people in these groups. If these vaccines are not available, AstraZeneca can be considered if the benefits of vaccination outweigh the risks. For more information, see: [www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/tts](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/tts)

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## Patient information

|   |                      |
|---|----------------------|
| Name:   |                      |
| Medicare number:                                  | <input type="text"/> |
| Individual Health Identifier (IHI) if applicable: |                      |
| Date of birth:                                    |                      |
| Address:  |                      |
| Phone contact number:                             |                      |
| Email address:                                    |                      |
| Gender:   |                      |
| Language spoken at home:                          |                      |
| Country of birth:                                 |                      |

|                  |                      |
|------------------|----------------------|
| Name:            |                      |
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Are you Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
- Yes, Torres Strait Islander only
- Yes Aboriginal and Torres Strait Islander
- No
- Prefer not to answer

|                                     |  |
|-------------------------------------|--|
| Next of kin (in case of emergency): |  |
| Name:                               |  |
| Phone contact number:               |  |

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination.
- I confirm that I have none of the above conditions apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider.
- I agree to receive a course of COVID-19 vaccine / I agree to receive a booster of COVID-19 vaccine

|                      |  |
|----------------------|--|
| Patient's name:      |  |
| Patient's signature: |  |
| Date:                |  |

- I am the patient's parent, guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above.

|  |  |
|--|--|
| Parent/guardian/substitute decision-maker's name:      |  |
| Parent/guardian/substitute decision maker's signature: |  |
| Date:  |  |

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|------------------|--|
| Name:            |  |
| Medicare number: |  |

## For provider use:

### Dose 1:

|                                       |  |
|---------------------------------------|--|
| Date vaccine administered:            |  |
| Time received:                        |  |
| COVID-19 vaccine brand administered:  |  |
| Batch no:                             |  |
| Serial no:                            |  |
| Site of vaccine injection:            |  |
| Name of vaccination service provider: |  |

### Dose 2:

|                                       |  |
|---------------------------------------|--|
| Date vaccine administered:            |  |
| Time received:                        |  |
| COVID-19 vaccine brand administered:  |  |
| Batch no:                             |  |
| Serial no:                            |  |
| Site of vaccine injection:            |  |
| Name of vaccination service provider: |  |

### Dose 3 or booster\*:

|                                       |  |
|---------------------------------------|--|
| Date vaccine administered:            |  |
| Time received:                        |  |
| COVID-19 vaccine brand administered:  |  |
| Batch no:                             |  |
| Serial no:                            |  |
| Site of vaccine injection:            |  |
| Name of vaccination service provider: |  |

\*See ATAGI clinical guidance on the use of COVID-19 vaccines in Australia: [www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance).

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