



# 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.

The COVID-19 vaccination is free. You choose whether to have the vaccination or not.

The COVID-19 vaccine is available in phases. Groups of people get the vaccination at different times. **You must ensure you are in the eligible phase before booking your appointment.** This can be checked here: <https://covid-vaccine.healthdirect.gov.au/>

To be vaccinated you will get a needle in your arm. You need to have the vaccination two times on different days. There are different brands of vaccine. You need to have the same brand of vaccine both times. 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 and don't last for long. As with any vaccine or medicine, there may be rare and/or unknown side effects. If you have a side effect that worries you, please call your doctor.

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
- 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
- MyHealthRecord account.

Name:											
Medicare number:											



## 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/covid19-vaccines>.

## 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.
- If you 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.

Yes No

- Do you have any serious allergies, particularly anaphylaxis, to anything?
- Have you had an allergic reaction after being vaccinated before?
- Do you have a mast cell disorder?
- 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 or do you think you might be 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?
- Have you had cerebral venous sinus thrombosis (a type of brain clot) in the past?
- Have you had heparin-induced thrombocytopenia (a rare reaction to heparin treatment) in the past?

Tick this box if you have specific questions or concerns you'd like to discuss with the doctor before getting your COVID-19 vaccination today.

Name:												
Medicare number:												



- 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:	

## For provider use:

### Dose 1:

Date vaccine administered:	
COVID-19 vaccine brand administered:	
Batch no:	
Name of vaccination service provider:	

### Provider checklist

- Consent form signed
- Eligibility confirmed as per patient declaration
- Side effects explained
- Batch/serial number recorded above
- Documented in Patient file
- Post-vaccination waiting time specified on After Your Vaccine Form

Name:													
Medicare number:													