

# Wattle Street Medical Practice

## COVID-19 Phase 1b Vaccination Consent Form



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phase 1b of the COVID-19 vaccine rollout is open to patients who satisfy any of the following criteria, please tick all that apply to you:

- Aboriginal and Torres Strait Islander adults
- People aged 70 years and over
- Critical & high risk workers (Emergency, meat processing, healthcare, aged care and disability workers)
- People aged over 18 years with medical conditions which increase the risks of COVID-19 complications as specified by the Department of Health
- Household contacts of quarantine and border workers

| Please answer the following questions.<br>These will allow us to assess your suitability to receive the COVID-19 vaccination:  | YES | NO |
|--|-----|----|
| Have you been diagnosed with: <ul style="list-style-type: none"> <li>• Cerebral venous thrombosis or</li> <li>• Heparin – induced thrombocytopenia</li> </ul>  |     |    |
| Are you pregnant, planning to become pregnant, or breastfeeding?   |     |    |
| Are you immunocompromised?   |     |    |
| Do you currently have or have you been diagnosed with COVID-19?<br>If YES, less than 20 days or more than 20 days or more than 6 months? _____   |     |    |
| Do you have a fever or are you currently unwell or having respiratory symptoms?  |     |    |
| Do you have a history of anaphylaxis? <ul style="list-style-type: none"> <li>• If YES, to what? _____</li> <li>• If YES, you will have to wait in the practice for 30 mins after your vaccination</li> </ul> |     |    |
| Do you have a bleeding disorder or are you taking blood thinners?  |     |    |
| Do you have a mast cell disorder? <ul style="list-style-type: none"> <li>• If YES, you will have to wait in the practice for 30 mins after your vaccination</li> </ul>                                       |     |    |
| Have you received any vaccine in the last 14 days or are you planning to receive any vaccine in the next 14 days?  |     |    |
| Have you had a COVID-19 vaccination previously?<br>If YES, which brand? _____ and when? _____  |     |    |

The COVID-19 vaccine has been assessed by the Therapeutic Goods Administration (TGA) as safe. Side effects of the vaccine can be found on the TGA's website, if you have any concerns please ask your doctor. It is essential that all people who receive the COVID-19 vaccination remain in the vicinity for at least 15 minutes in case of an allergic reaction.

**If you have any reactions to the vaccine, please contact the practice to inform our staff, or report directly to ACT Health via their website.**

**I have read and understood this information and consent to receiving the course of TWO COVID-19 vaccine injections in a minimum of 12 weeks apart:**

Signed by Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

GP Supervisor's Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_