COVID-19 vaccination consent form

KEEP ON TOP OF COVID

Vaccine information

People who have received COVID-19 vaccination have a much lower chance of becoming ill from COVID-19 disease than those who do not receive the vaccine.

COVID-19 vaccines have been extensively studied and are safe. Most side effects are mild and only last a couple of days. As with any vaccine or medicine, there may be rare unknown side effects.

You may be contacted within the week after receiving the vaccine to check on your health after vaccination. If you are experiencing a possible side effect that concerns you, please seek medical attention. Your healthcare provider can report any suspected adverse events that occur after vaccination to the Tasmanian Public Health Unit via the Public Health Hotline (**1800 671 738**).

To get the full benefit of the vaccine, two doses are required, and your clinic will advise you when to have the second dose.

Some people will still get COVID-19 disease despite being vaccinated. Even after completing vaccination, you must still follow public health precautions to prevent COVID-19 (such as physical distancing, handwashing and following other public health advice in Tasmania).

All vaccinations are recorded on the Australian Immunisation Register, as required by Australian law. You can view this online in your Medicare/ MyGov/MyHealthRecord account.

Vaccination consent form

Details of person being vaccinated

Family name

First name

Address

POSTCODE

Contact phone number

Email address

Date of birth (DD/MM/YYYY)

DD/MM/YYYY

Vaccination consent form

Details of person being vaccinated (continued)

Sex

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Medicare number

☐☐☐☐ ☐☐☐☐☐ ☐ ☐ Number beside name

Do you identify as an Aboriginal or Torres Strait Islander person?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Next of kin (in case of emergency)

Family name

First name

Contact phone number

Pre-immunisation checklist (please complete this section and sign below)

	YES	NO
Do you have any respiratory symptoms, fever or are feeling unwell?	☐	☐
Do you have any severe allergies, including a history of anaphylaxis?	☐	☐
Have you ever had an allergic reaction or experienced anaphylaxis due to any of the following?		
▸ A vaccine or components of a vaccine? If yes, specify in Notes (overleaf).	☐	☐
▸ Medications where polyethylene glycol (PEG) was thought to be a possible cause? If yes, specify in Notes (overleaf).	☐	☐
▸ Food, medications, venom or latex? If yes, specify in Notes (overleaf).	☐	☐
Do you carry an epipen?	☐	☐

Pre-immunisation checklist (please complete this section and sign below)

	YES	NO
Do you have an immunodeficiency, autoimmune condition, bleeding disorder or are receiving anticoagulant therapy (a blood thinner)? If yes, specify in Notes below.		
Are you pregnant or breastfeeding?		
Have you already received a COVID-19 vaccine? Please specify the brand and when received in Notes below.		
Have you received any vaccine(s) in the last 14 days?		

NOTES

Consent to receive COVID-19 vaccine

I confirm I have received and understood information provided to me on COVID-19 vaccination	
I confirm I do not have any of the conditions listed above, or have discussed them with my vaccination service provider	
I agree to wait for 15 minutes after vaccination (Note: if you have a history of anaphylaxis to COVID vaccine or its ingredients, you will be required to stay for 30 minutes)	

Signature

Full name

Date (DD/MM/YYYY)

DD/MM/YYYY

For provider use only

Dose 1

Date vaccine administered (DD/MM/YYYY)

DD/MM/YYYY

COVID-19 vaccine brand administered

Batch no.

Site of administration of vaccine

- ☐ L) deltoid
- ☐ R) deltoid
- ☐ Other

Provider's name

Provider's signature

Dose 2

Date vaccine administered (DD/MM/YYYY)

DD/MM/YYYY

COVID-19 vaccine brand administered

Batch no.

Site of administration of vaccine

- ☐ L) deltoid
- ☐ R) deltoid
- ☐ Other

Provider designation

Date

DD/MM/YYYY

☐ Vaccine not given (specify reason and follow-up plan)

NOTES