

O'Shea Medical Centre

COVID-19 VACCINE CONSENT CHECKLIST

NAME _____

DATE OF BIRTH _____

I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)

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 ever 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 causes 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)?
- 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 only for those receiving AstraZeneca COVID-19 vaccine:

- Have you ever been diagnosed with capillary leak syndrome?
- Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia?
- 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.

Relevant only for those receiving Comirnaty (Pfizer) vaccine:

- 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?

SIGNATURE _____

DATE _____