

# COVID VACCINE Consent Checklist (30-07-2021)

## AstraZeneca

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an allergic reaction to a previous dose of a COVID-19 vaccine/ had anaphylaxis to any other vaccine / have you had covid infection before   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had mastocytosis which has caused recurrent anaphylaxis?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder or 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"/> | Have you recently been sick with a cough, sore throat, fever or are feeling sick in another way? Are you pregnant?   |
| <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 ever been diagnosed with capillary leak syndrome?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenic Syndrome (TTS), following a previous dose of a COVID-19 vaccine?   |
| <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?   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have been informed of the risks of Thrombotic Thrombocytopenic Syndrome (TTS), with current data indicating an occurrence of around 2 in every 100,000 people after the first dose (Aus Government, 2021).   |
| <input type="checkbox"/> | <input type="checkbox"/> | As per ATAGI guidelines, I understand that Comirnaty (Pfizer) is the preferred vaccine for those aged 18 to 59 and I understand I am currently eligible <i>or</i> will be eligible in following phases for the Comirnaty (Pfizer) vaccination.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the ATAGI has determined that to create the most effective clinical protection, the vaccine should be administered 12 weeks apart. If I choose to receive this early, I understand that I risk lowering efficacy of the AstraZeneca vaccination. |

### Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination and I am giving informed consent to receive the AstraZeneca vaccination.
- I confirm that none of the above conditions apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider
- I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)

Last updated: 30 July 2021

Patient's name:	
Patient's signature:	
Date:	

- Please tick if you are signing as the legal guardian or carer for a patient receiving a course of the COVID-19 vaccine.