



COVID-19 VACCINATION

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.

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.

You can tell your healthcare provider if you have any side effects like a sore arm, headache, fever or any other side effect you are worried about. You may be contacted by SMS within the week after receiving the vaccine to see how you are feeling after vaccination.

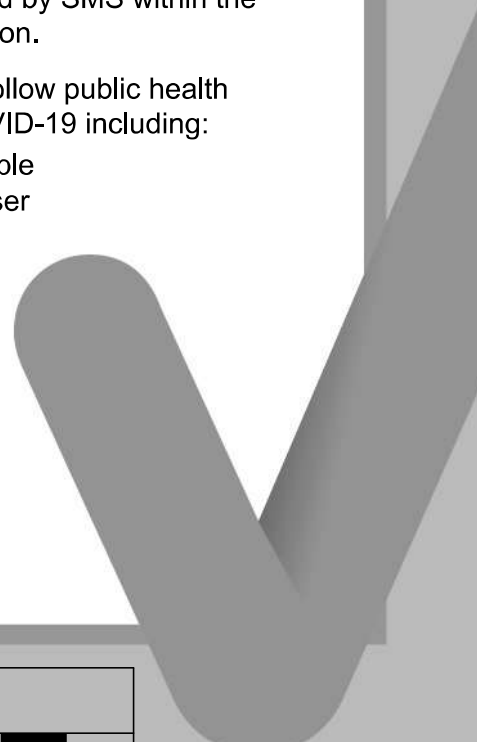
Some people may still get COVID-19 after vaccination. So you must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

- 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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any serious allergies, particularly anaphylaxis, to anything? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an allergic reaction after being vaccinated before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a mast cell disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had COVID-19 before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you 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"/> | Are you pregnant or do you think you might be pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you breastfeeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been sick with a cough, sore throat, fever or are feeling sick in another way? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a COVID-19 vaccination before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have received any other vaccination in the last 14 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a history of cerebral venous sinus thrombosis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a history of heparin induced thrombocytopenia? |

Please talk to your doctor if you have any questions or concerns before getting your COVID-19 vaccination.

Name:												
Medicare number:												

Information for patients Vaccinated at Sapphire Clinic

The How of getting vaccinated.

- The clinic will provide vaccination by appointment only. We will contact and book our patients so that we get through our patient list in a systematic way.
- The rollout will target those most at risk, starting with those over 70 or those who have a complicating chronic health condition.
- If you are uncertain as to whether you should have the vaccination, please make an appointment to discuss your concerns as there will be limited time for detailed discussion on the day of vaccination.
- On the day we will answer any last-minute questions, run through the check list of questions (above) and confirm your consent.
- The vaccine will be administered in the upper arm (deltoid muscle)
- After the vaccination you will be observed for 15 minutes then allowed to leave.
- On going home enjoy the feeling of having potentially saved your own life or the life of someone close to you.

A little more on vaccination side effects.

The Vaccine is highly effective with near 100% protection from dying of Covid-19 and 76% protection from developing milder disease. However mild side effects are very common, especially in younger people and after the first vaccination.

Up to 50% of those immunised experience mild side effects such as

- tenderness, pain, warmth or itching, where the injection was given
- generally feeling unwell
- tiredness
- headache
- chills or feeling feverish
- joint or muscle pain

Less common side effects:

- fever
- swelling or redness at the injection site

Most side effects go away in 3 or 4 days. Injection site pain, fever, headaches, or body aches can be treated with paracetamol or ibuprofen.

Headache developing from day 4 post vaccination must be notified to your doctor.

Anaphalaxis: A rare but serious allergic response to Covid vaccines:

This reaction typically produces, itching, generalised rash, collapse, wheeze, and difficulty breathing. It is serious but readily treatable and the doctors at Sapphire Clinic are trained to manage this emergency.

If you have a reaction after you have left the clinic, seek medical attention:

- if you experience severe symptoms, such as difficulty breathing, wheezing, a widespread rash, a fast heartbeat or collapsing - Call 000
- If you are worried about a side effect but don't feel distressed contact the clinic (after 9pm contact Health direct - 1800 022 222)
- For symptoms which are not urgent, or you have an expected side effect which has not gone away after 4 days contact the clinic for advice from our nurses or doctors.

Name:												
Medicare number:												

Patient information

Name:	
Medicare number:	
Date of birth:	
Address:	
Phone contact number:	
e-mail:	
Sex:	

Are you Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
 Yes, Torres Strait Islander only
 Yes Aboriginal and Torres Strait Islander
 No
 Prefer not to answer

Next of kin (in case of emergency):	
Name:	
Phone contact number:	

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination
- I confirm that none of the conditions above 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)

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

- 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:	

Name:	
Medicare number:	

