

# 4th COVID-19 Vaccination Consent Form

If you have questions regarding the vaccine, please book a separate appointment. There will be limited ability to ask questions on the day. Forms returned via email ([fax@beachsidedoctors.com.au](mailto:fax@beachsidedoctors.com.au)) must be followed by a phone call to book an appointment

## Qualifying criteria of vaccination

ATAGI recommends a 4th COVID-19 vaccine for people aged 65 years or older, residents of an aged care or disability care facility, people aged 16 years and older who are severely immunocompromised \*see list at reception or Aboriginal and Torres Strait Islander People aged 50 years and older.

I confirm I am 65 years or older or as above and received my primary COVID-19 vaccination course at least 4 months ago.

## Contraindications

Comirnaty (Pfizer) is recommended as a booster dose, irrespective of the primary COVID-19 vaccine used.

Although not preferred, Vaxzevria (AstraZeneca) can also be used as a booster dose if a significant adverse reaction has occurred after a previous mRNA vaccine dose which contraindicates further doses of mRNA vaccine (e.g., anaphylaxis, myocarditis).

I confirm I do NOT have: anaphylaxis to any of the covid vaccine ingredients<sup>1</sup>

## Side effects

Common adverse events to Pfizer include: Inj. site tenderness (>80%), Fatigue (>60%), Headache (>50%), Myalgia & Chills (>30%), Arthralgia (>20%), Fever (>10%), Inj. Site swelling (>10%).

Common adverse events to Astrazeneca include: Inj. site tenderness (>60%), Headache (>50%), Fatigue (>50%), Myalgia (>40%), Malaise (>40%), Fever & Chills (>30%), Joint Pain (>20%), Nausea (>20%).

Your risk of rare side-effects (such as myocarditis and pericarditis) is dependent on multiple factors including your age. If you wish to discuss this further please book an appointment with a Doctor.

I confirm I am accepting of the risks and wish to continue with the vaccination.

## Consent / Declaration

I confirm I have not had any other vaccine in the past 7 days.

I confirm I have been informed as to the risks of COVID-19 vaccination and I wish to receive the vaccination.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## New Patients to Beachside Doctors must complete the following\*. Disregard if existing Patient.

Medicare No.                      -  Expiry \_\_\_\_\_ Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_ Next of Kin & Contact No. \_\_\_\_\_

**\*Note patients requesting transfer to care to Beachside Doctors will also need to complete a New Patient Registration form.**

**Office use only** Beachside Doctors Registered Nurse is authorised to administer the vaccine under regulation 84(1)(b) of the Drugs, Poisons and Controlled Substances Regulations 2017. Supervising Doctor is Dr Paul Heathcote and the Administering Registered Nurse is either Ms Elizabeth McCowan or Ms Anita Allan.

<sup>1</sup> Pfizer\*Each 0.3 mL dose contains BNT162b2 mRNA, ((4-hydroxybutyl)azanediyl)bis(hexane6,1-diyl)bis(2-hexyldecanoate) (ALC-0315), 2-[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide (ALC-0159), Distearoylphosphatidylcholine (DSPC), Cholesterol, Potassium chloride, Monobasic potassium phosphate, Sodium chloride, Dibasic sodium phosphate dihydrate, Sucrose, Water for injection  
Astrazeneca\*Each 0.5mL dose contains 5x10<sup>10</sup> viral particles of ChAdOx1-Sa; histidine, histidine hydrochloride monohydrate, sodium chloride, magnesium chloride hexahydrate, disodium edetate, sucrose, ethanol absolute, polysorbate 80 and water for injections.