# Pfizer 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) must be followed by a phone call to book an appointment**

**Qualifying criteria of vaccination**

Every Australian aged 12 and above can now have the Pfizer vaccine through their GP.

☐ I confirm I am over 12 years old.

**Contraindications**

☐ I confirm I do NOT have: anaphylaxis to any of the covid vaccine ingredients[1]

**Side effects**

Common adverse events include: Inj. site tenderness (>80%), Fatigue (>60%), Headache (>50%), Myalgia & Chills (>30%), Arthralgia (>20%), Fever (>10%), Inj. Site swelling (>10%). Rare side effects (such as myocarditis and pericarditis) can occur, but they are rare (with an individual's risk dependent on multiple factors including age).

If you have any of the following conditions, the vaccine is recommended; however, you may have an increased risk of side-effects, or, the clinical benefit you may receive from the vaccine is not as well established: Serious allergy to anything including other vaccines, mast cell disorder, previous infection with COVID-19, bleeding disorder, blood thinning medications, weakened immune system, acute illness, pregnant or breastfeeding.

If you have any of the following conditions, you can still receive the vaccine but it is recommended that you consult a cardiologist about the best timing of vaccination and whether any additional precautions are recommended: (a) Inflammatory cardiac illness e.g myocarditis, pericarditis, endocarditis (b) Current acute rheumatic fever (c) 12-29 year with dilated cardiomyopathy (d) Complex or severe congenital heart disease including single ventricle (Fontan) circulation (e) Acute decompensated heart failure (f) Cardiac transplant

☐ 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 vaccination within the last 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.

[1] *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