

# COVID – 19 Vaccination Consent Form

## Instructions to Patients:

1. All sections of this form must be completed
2. Please arrive 5 minutes early. If late, we cannot administer the vaccine and you will be rescheduled to a later week.
3. If you have questions regarding the vaccine, please book an appointment with your regular Doctor. There will be limited ability to ask questions on the day.

**Note:** If emailing this form to the clinic, you are then required to call to book yourself an appointment. Email can be sent to [fax@beachsideDoctors.com.au](mailto:fax@beachsideDoctors.com.au)

## Qualifying criteria of vaccination

Every Australian aged 18 and over can now have the Astra Zeneca vaccine through their GP.

Australian Technical Advisory Group on Immunisation (ATAGI) advises that Pfizer is preferred over AstraZeneca for Patients under 60 years. If you are under 60 years of age and wish to be vaccinated with Astra Zeneca please book an appointment with one of our GP's before your vaccination. There will be no cost to you for this conversation.

## Contraindications

I confirm I do NOT have: (a) anaphylaxis to any of the covid vaccine ingredients<sup>1</sup>, or (b) Cerebral venous sinus thrombosis, or (c) heparin-induced thrombocytopenia, or (d) idiopathic splanchnic (mesenteric, portal, splenic) vein thrombosis, or (d) antiphospholipid syndrome with thrombosis.

I confirm I am NOT pregnant, and/or, do NOT have an acute illness.

## Side effects

Common adverse events include: Inj. site tenderness (>60%), Headache (>50%), Fatigue (>50%), Myalgia (>40%), Malaise (>40%), Fever and chills (>30%), Joint pain (>20%), Nausea (>20%).

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, or breastfeeding.

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 the COVID-19 vaccination and I wish to receive the vaccination.

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

**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.

Dr Paul Heathcote (Provider # 460191JF)

Administering Nurse: Ms Elizabeth McCowan

<sup>1</sup> \*Each 0.5 mL dose contains 5x10<sup>10</sup> viral particles of ChAdOx1-Sa plus; Histidine, Magnesium chloride hexahydrate, Histidine hydrochloride monohydrate, Disodium edetate (EDTA), Sodium chloride, Sucrose, Water for injection, Polysorbate 80, Ethanol.