

# Consent form: AstraZeneca COVID-19 vaccination



Before completing this form we recommend you read the information sheet on the COVID-19 Vaccine AstraZeneca on the Department of Health website ([www.health.gov.au](http://www.health.gov.au)).

## Patient Information

People who have a COVID-19 vaccination have a much lower chance of getting sick from COVID-19.

The COVID-19 vaccination is free and you can choose whether to have the vaccination or not.

There are three brands of vaccine in use in Australia. All are effective and safe. AstraZeneca can be given to people the aged 18 years and above, Pfizer can be given to people aged 5 years and above and Moderna to those aged 12 years and above.

Most people require two doses initially. This is called the primary course. People with severe immunocompromise may require a third primary dose to bring their immune response up to optimal levels. People aged 18 years or over can have a booster dose of Pfizer or AstraZeneca four months or more after their primary course, to prolong their protection against COVID-19.

See ATAGI recommendations on use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised and ATAGI recommendations on the use of a booster dose of COVID-19 vaccine.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild. They may start on the day of vaccination and last for around 1-2 days. The more common side effects may include tenderness or pain at the injection site, headache, fever, fatigue, malaise, joint and muscle pain. As with any vaccine or medicine, there may be rare and/or unknown side effects.

A very rare side effect of blood clotting (thrombosis) with low platelet levels (thrombocytopenia) has been reported following vaccination with AstraZeneca. This is not seen after the Pfizer or Moderna vaccine.

Cases of Myocarditis (inflammation of the heart muscle) and/or pericarditis (inflammation of the lining of the heart) have been reported as very rare side effects after mRNA COVID-19 vaccines (including Pfizer or Moderna). AstraZeneca is not associated with an increased risk of myocarditis/pericarditis.

Tell your healthcare provider if you have any side effects like a sore arm, chest pain, heart palpitations, shortness of breath, headache, fever, body aches or any symptom that is unusual for you. You may be contacted by SMS or email in the week after vaccination to see how you are feeling.

You will be asked to remain in the centre for 15 minutes observation after your vaccination, but if you have a previous history of anaphylaxis to a vaccine you will be required to wait for 30 minutes.

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: physical distancing, wearing a mask, enhanced personal hygiene (hand washing/sanitising), staying at home if unwell with cold-like symptoms and promptly getting tested for COVID-19.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian Law. You can view this online in your Medicare/ MyGov/MyHealthRecord account.

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 had an allergic reaction, 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 any other vaccines or medications.
- are immune-compromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases.
- if you have a past history of cerebral venous sinus thrombosis (a type of brain clot) or heparin induced thrombocytopenia (a rare reaction to heparin treatment), idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis, or anti-phospholipid syndrome with thrombosis.

# Pre-Vaccination Screening

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Have you had an allergic reaction to a previous dose of a COVID-19 vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had anaphylaxis to another vaccine or medication?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a serious adverse event, that following expert review was attributed to a previous dose of a COVID-19 vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis?
<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)? If so, which medication do you take? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a weakened immune system (immunocompromised)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?*
<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 elsewhere? If so, when: _____ and which one? <input type="checkbox"/> Astra Zeneca <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other, please specify: _____
<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 fainted after a vaccination or are you especially scared of needles?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with capillary leak syndrome?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had thrombosis (clotting) together with thrombocytopenia (low platelets) within 42 days after having a previous dose of AstraZeneca?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had cerebral venous sinus thrombosis (a type of brain clot) OR heparin induced thrombocytopenia (a rare reaction to heparin treatment) OR blood clots in abdominal veins (splanchnic veins) OR anti-phospholipid syndrome with associated with blood clots?*
<input type="checkbox"/>	<input type="checkbox"/>	Are you under 60 years of age?*

\*Comirnaty (Pfizer) is the preferred vaccine for people in these groups but if not available, AstraZeneca COVID-19 vaccine can be considered if the benefits of vaccination outweigh the risk.

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

## Consent to receive COVID-19 vaccine

I confirm I have received and understood information provided to me on Vaxzevria (AstraZeneca) vaccine

I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular healthcare provider and/or vaccination service provider

I agree to receive a Vaxzevria (AstraZeneca) vaccine today

Patient's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the patient's legal 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: \_\_\_\_\_ Date: \_\_\_\_\_

### Doctor Use Only

Nurse to administer Vaxzevria (COVID-19 Vaccine AstraZeneca) 0.5mL IM

Doctor's Name: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_