

# COVID-19 Vaccination Consent Form

for people who are immunocompromised and receiving an additional dose of Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine



Complete this part for the person being vaccinated (PLEASE USE BLOCK CAPITALS)

Name:

Date of Birth:

Please answer the following questions with a yes or no answer

**1. Have you ever had a serious allergic reaction (anaphylaxis) that needed medical treatment:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**I) after having a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine, OR**

**II) to any of the vaccine ingredients, including polyethylene glycol known as PEG?**

If yes, you cannot get this vaccine. If no, GO TO NEXT QUESTION.

**2. Have you ever had a serious allergic reaction (anaphylaxis):**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**I) after taking multiple different medications, with no reason known for the reaction. This may mean they are allergic to polyethylene glycol (PEG) OR**

**II) after having a vaccine or a medicine that contains polyethylene glycol (PEG), OR  
III) for unexplained reasons. This may mean they are allergic to polyethylene glycol (PEG)?**

If yes, you cannot get this vaccine, you may need specialist advice. Talk to the vaccination team. If no, GO TO NEXT QUESTION.

**3. Have you ever had:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**I) Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues) OR**

**II) idiopathic anaphylaxis. This is a condition diagnosed by an immunologist. OR**

**III) a serious allergic reaction (anaphylaxis) due to food, medication or venom from an insect or animal?**

If yes, you can still get the vaccine, BUT, you should be observed for 30 minutes after you are vaccinated. GO TO NEXT QUESTION. If no, GO TO NEXT QUESTION.

**4. Have you had myocarditis (inflammation of the heart muscle) after having a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, you cannot get this vaccine. If no, GO TO NEXT QUESTION.

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Please answer the following questions with a yes or no answer

5. Have you had pericarditis (inflammation of the lining around the heart) after having a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, GO TO QUESTION 5b. If no, GO TO NEXT QUESTION.

5b. Since you had pericarditis (inflammation of the lining around the heart) after a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine, a specialist doctor must approve you get this vaccine.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Has your COVID-19 vaccination been approved by a specialist doctor?

If yes, GO TO NEXT QUESTION. If no, you cannot get this vaccine.

6. Have you tested positive (with a PCR test) for COVID-19 since you were fully vaccinated with a course of COVID-19 vaccine?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, you should delay getting the vaccine until it has been at least 6 months from your first positive PCR test or your date of diagnosis.

7. Do you have a bleeding disorder or are you on anticoagulation therapy?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, you can still get a vaccine if you have a bleeding disorder or take anticoagulation medicines. But tell your vaccinator about your condition.

8. Are you pregnant? If yes, go to 8b

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

8b. Have you talked to your Obstetrician, Midwife or Doctor about the risks and benefits of getting the vaccine?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, you can be vaccinated today. If no, you should discuss with your Obstetrician, Midwife or Doctor first. You cannot be vaccinated today.

One of these options is appropriate when establishing consent (please tick as appropriate)

1. The individual has consented to the vaccination for COVID-19 and has been provided with written information,

OR

2. The individual does not agree with COVID-19 vaccination and should not be vaccinated,

OR

3. The individual cannot consent and they are being vaccinated for COVID-19 according to their benefit and will and preference, **AND**

The above is recorded in the patients healthcare record and includes information about any consultation that has taken place to help determine their will and preference.