



Immunisation Consent Form for people receiving COVID-19 vaccine

For the latest Comirnaty® antigenically updated vaccine for people age 6 months to 4 years old

COMPLETE THE FORM IN BLOCK CAPITALS USING A PEN

Please complete the details in Parts 1-3 of this consent form and return it to your vaccinator.

PART 1: PERSONAL DETAILS

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

First Name

Middle Name

Surname (Family Name)

Otherwise Known As

Date of Birth

DD

MM

YYYY

Mother's Surname at Birth

Sex at Birth: ☐ Male ☐ Female

Email

Personal Public Services
Number (PPSN)

Mobile Phone Number

Daytime Phone Number

Address

County

Eircode

Ethnic or cultural background:

A. White

B. Black or Black Irish

C. Asian or Asian Irish

D. Other, including mixed
background

☐ A.1 Irish

☐ B.1 African

☐ C.1 Chinese

☐ D.1 Arab

☐ A.2 Irish Traveller

☐ B.2 Any other Black
background

☐ C.2 Indian/Pakistani/
Bangladeshi

☐ D.2 Mixed, write in
description

☐ A.3 Roma

☐ C.3 Any other Asian
background

☐ D.3 Other, write in
description

☐ A.4 Any other White
Background

D. Description

☐ E Prefer not to say

Country of Birth



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If you tick yes to any of the Medical Details the Immunisation Team may need to contact you to discuss further. Please note we may send you an appointment confirmation and/or reminders by SMS and/or email.

PART 2: MEDICAL DETAILS

Please answer the following questions about the person to be vaccinated with a yes or no answer

1. **Has this person ever had a serious allergic reaction (anaphylaxis) that needed medical treatment?**
 - i. **after having a previous dose of the Moderna (Spikevax®) or any Pfizer/BioNTech (Comirnaty®) COVID-19 Vaccines, OR** Yes No
☐ ☐
 - ii. **to any of the vaccine ingredients, including polyethylene glycol known as PEG?**
If yes, they cannot have this vaccine. If no, GO TO NEXT QUESTION.
- 1a. **Have they ever had a serious allergic reaction (anaphylaxis) to Trometamol (an ingredient in a contrast dye used in MRI radiological studies)?** Yes No
If yes, they cannot get any Comirnaty Children COVID-19 vaccine.
☐ ☐
If no, GO TO NEXT QUESTION.
2. **Have they ever had a serious allergic reaction (anaphylaxis):**
 - 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 medicine that contains polyethylene glycol, OR**
 - iii. **for unexplained reasons. This may mean they are allergic to polyethylene glycol (PEG)?** Yes No
☐ ☐
If yes, they cannot get this vaccine, they may need specialist advice. Talk to the vaccination team.
If no, GO TO NEXT QUESTION.
3. **Have they ever had Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues)?** Yes No
If yes, they can still get the vaccine, BUT, they should be observed for 30 minutes after they are vaccinated.
☐ ☐
If no or yes, GO TO NEXT QUESTION.
4. **Have they had Myocarditis (inflammation of the heart muscle) or Pericarditis (inflammation of the lining around the heart) after having a previous dose of COVID-19 vaccine?** Yes No
If yes, they need to answer a further question 4a.
☐ ☐
If no, GO TO QUESTION 5.
- 4a. **Since they had myocarditis or pericarditis after a previous dose of the COVID-19 vaccine a specialist doctor must approve them to get this vaccine. Has their COVID-19 vaccination been approved by a specialist doctor?** Yes No
If yes, GO TO NEXT QUESTION.
☐ ☐
If no, they cannot get this vaccine. They need to talk to their specialist doctor to check if they are suitable for this vaccine.
5. **Have they had multisystem inflammatory syndrome also called MIS-C (a rare syndrome usually treated in hospital) after a COVID-19 infection?** Yes No
If yes, please answer question 5a and 5b
☐ ☐
- 5a. **Anyone receiving the Comirnaty Children vaccine will have to wait until they have clinically recovered from MIS-C. Have they clinically recovered from MIS-C?** Yes No
If yes, go to question 5b. If no, they will have to wait until they have clinically recovered.
☐ ☐



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- 5b. Anyone receiving the Comirnaty Children vaccine will have to wait 90 days after the diagnosis of MIS-C before the vaccine is administered. Has it been over 90 days since MIS-C was diagnosed?** Yes No
If yes, they can be vaccinated today. If no, they will have to wait until they have clinically recovered. ☐ ☐
- 6. Have they had the Mpox or smallpox vaccine (Imvanex or Jynneos) in the last 4 weeks?** Yes No
If yes, they cannot get this vaccine today. They need to wait 4 weeks after getting these vaccines before getting a COVID-19 vaccine. If no, GO TO NEXT QUESTION ☐ ☐
- 7. Have they ever been diagnosed with COVID-19 infection (with a PCR or Antigen test) or clinical diagnosis based on symptoms and /or other household members testing positive?** Yes No
If yes and receiving a first dose of a COVID-19 vaccine, they should delay getting a vaccine until they have recovered from COVID-19 and it has been at least four weeks since they tested positive or developed symptoms, ☐ ☐
They only need one dose of a COVID-19 vaccine if they have a prior history of COVID-19 infection.
If no, those without a history of COVID-19 infection are recommended a second dose of vaccine at least 3 weeks after the first dose and ideally 4-8 weeks after the first dose.
GO TO NEXT QUESTION.
- 8. Does this person have a bleeding disorder or are they on anticoagulation therapy?** Yes No
If no, they are eligible. GO TO NEXT QUESTION. ☐ ☐
If yes, GO TO NEXT QUESTION if the vaccinator approves vaccination with their bleeding disorder.

If receiving the second dose of a primary course or additional doses, answer questions 1-8 and the relevant questions below.

Please answer the following questions with a yes or no answer

Complete this section if the person is getting any dose after the first because they have a weak immune system

- 9. If they are receiving a second dose of a primary course because they have a weak immune system, has it been at least 4 weeks since their first dose of vaccine?** Yes No
If yes, go to question 9a. ☐ ☐
If no, they should wait at least 3 interval weeks since their last dose.
- 9a. Have they been diagnosed with COVID-19 infection since their last dose of a COVID-19 vaccine?** Yes No
If yes, they should wait at least 4 weeks from when they tested positive or developed symptoms or when they were clinically diagnosed based on a household member testing positive. ☐ ☐
If no, GO TO NEXT SECTION.
- 9b. If they are receiving an extended dose of a primary course because they have a weak immune system, has it been at least 4 weeks since they last dose of COVID-19 vaccine? If yes, go to question 9c** Yes No
If no, they should wait at least 4 weeks since their last dose. ☐ ☐
- 10. Have they had any other vaccines in the last 14 days, or are you planning on them getting any other vaccines in the next 14 days?** Yes No
If yes, you cannot get this vaccine today. ☐ ☐
If no, they are eligible for vaccination.

Vaccination may proceed if no issues for further investigation, deferral or contraindications are noted in the above questions.



PART 3: IMMUNISATION CONSENT

☐ I confirm that I am authorised to give consent on behalf of the above named young person

[illegible]

D	D	M	M	Y	Y	Y	Y
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Privacy Notice: The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the HSE Privacy Notice for Patients and Service Users (<https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf>) which is accessible via the HSE Privacy Statement (<https://www2.hse.ie/privacy-statement/>). The processing of your / your child's data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.

COVID-19 Vaccine											
Prescriber's signature and MCRN/PIN	Vaccinator's signature and MCRN/PIN	Batch No.	Expiry Date				Vaccination Site	Date Given			
			D	D	M	M	right deltoid <input type="checkbox"/>	D	D	M	M
			Y	Y	Y	Y	left deltoid <input type="checkbox"/>	Y	Y	Y	Y

MCRN/PIN:

D	D	M	M	Y	Y	Y	Y
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☐ DNA or Absent

☐ Refused on the Day

☐ Vaccine Contraindicated

☐ Deferred

☐ Other

Notes/Comments:

[illegible]