



Vaccination Consent Form for people receiving COVID-19 vaccine

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

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																			
Personal Public Services Number (PPSN)																			

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Sex at Birth:

Male

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Female

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Address

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County

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Eircode

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Mother's Surname at Birth (Maiden Name)

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Email

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Mobile Phone Number

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Daytime Phone Number

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Country of Birth

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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

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☐ E Prefer not to say



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The Immunisation Team may need to contact you to discuss details provided in this form. 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?** Yes No
i. **after having a previous dose of the Moderna (Spikevax®) or any Pfizer/BioNTech (Comirnaty®) COVID-19 Vaccines, OR** ☐ ☐
ii. **to any of the vaccine ingredients, including polyethylene glycol known as PEG, OR**
iii. **to Trometamol (an ingredient in a contrast dye used in MRI radiological studies)?**
If yes, they cannot have this vaccine. If no, GO TO NEXT QUESTION.
2. **Have they ever had a serious allergic reaction (anaphylaxis):** Yes No
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 (PEG), OR**
iii. **for unexplained reasons? This may mean they are allergic to polyethylene glycol (PEG).**
If yes, they cannot get this vaccine today, they should get 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, please answer 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 (Cardiologist) must approve that they can get this vaccine. Has their COVID-19 vaccination been approved by a specialist doctor (Cardiologist)?** Yes No
☐ ☐
If yes, GO TO NEXT QUESTION.
If no, they cannot get this vaccine today. They should talk to their specialist doctor (Cardiologist) 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.
If no, GO TO QUESTION 6.
- 5a. **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 from MIS-C.
- 5b. **Has it been over 3 months since MIS-C was diagnosed?** Yes No
☐ ☐
If yes, GO TO NEXT QUESTION. If no, they will have to wait at least 3 months after the diagnosis of MIS-C before they can get vaccinated.
6. **Have they had the mpox vaccine (Imvanex or JYNNEOS) in the last 4 weeks?** Yes No
☐ ☐
If yes, they need to wait 4 weeks before getting a COVID-19 vaccine. If no, GO TO NEXT QUESTION



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7. Have they had a previous COVID-19 infection?

Yes ☐ No ☐

If yes, and they are 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.

If yes, and they have received a COVID-19 vaccine before, the vaccinator will advise if they need a vaccine and on when the vaccine should be given, based on current NIAC advice.

If no, and they are receiving a first dose of a COVID-19 vaccine, they should get a second dose of a COVID-19 vaccine 4 weeks after their first dose.

GO TO NEXT QUESTION.

8. Do they have a bleeding disorder or are they on anticoagulation therapy?

Yes ☐ No ☐

If no, GO TO NEXT QUESTION.

If yes, GO TO NEXT QUESTION if the vaccinator approves vaccination with their bleeding disorder.

9. Have they had any other vaccines in the last 14 days, or are any other vaccines planned in the next 14 days?

Yes ☐ No ☐

If yes, they cannot get this vaccine today.

If no, GO TO NEXT SECTION.

Complete this section if the child is getting a second or third dose of a COVID-19 vaccine after their first dose because they have a weak immune system (immunocompromise)

10. Are they receiving a second dose of a COVID-19 vaccine 4 weeks after their first dose because they have a weak immune system?

Yes ☐ No ☐

If yes, GO TO QUESTION 10a.

If no, GO TO QUESTION 11.

10a. Has it been at least 4 weeks since their 1st dose of the vaccine?

Yes ☐ No ☐

If yes, GO TO QUESTION 10b.

If no, they should wait at least 4 weeks since their last dose.

10b. Have they been diagnosed with COVID-19 infection since their first dose of COVID-19 vaccine?

Yes ☐ No ☐

If yes, they should wait at least 4 weeks from when they tested positive or developed symptoms before getting their second vaccine.

If no, GO TO NEXT QUESTION.

11. Are they receiving a third dose of a COVID-19 vaccine after their second dose on the advice of a specialist doctor?

Yes ☐ No ☐

If yes, GO TO QUESTION 11a

If no, GO TO NEXT SECTION.

11a. If yes, has it been at least 4 weeks since their last COVID-19 vaccine dose?

Yes ☐ No ☐

If yes, GO TO QUESTION 11b

If no, they should wait at least 4 weeks since the last COVID-19 vaccine.

11b. If they are receiving a third dose of a COVID-19 vaccine after their second dose because they have a weak immune system, have they had COVID-19 infection since their second COVID-19 vaccine dose?

Yes ☐ No ☐

If yes, the vaccinator will advise if they need a vaccine based on current NIAC advice.

If no, GO TO NEXT SECTION.

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

