

#### 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 D	ETAIL	S																
Complete this part with detail			on be	eing v	accin	ated	(PLE)	ASE (	JSE E	BLOC	K CA	PITA	LS)					
First Name																		
Middle Name																		
Surname (Family Name)																		
Otherwise Known As																		
Date of Birth	DD	I	/M		YY	YY					<u> </u>							
Mother's Surname at Birth																		
Sex at Birth: Male Female																		
Is this person a: Care Worker Frontline Healthcare Worker Long term Residential Care – Resident																		
Other:																		
Email																		
Personal Public Services Number (PPSN)																		
Mobile Phone Number																		
Daytime Phone Number																		
Address																		
County																		
Eircode																		
Ethnic or cultural background A. White	d: B. Bla	ack or	Blac	k Iris	h		C. As	ian o	r Asia	n Iris	h	ı	D. Ot	her, i		ling n	nixed	
A.1 Irish	B.1 African						C.1 Chinese				1	D.1 Arab						
A.2 Irish Traveller	B.2 Any other Black background						C.2 Indian/Pakistani/ Bangladeshi				l 1	D.2 Mixed, write in						
A.3 Roma	C.3 Any						Any other Asian des			escri	cription							
A.4 Any other White Background  D.3 Other, write in description					in													
D. Description																		
E Prefer not to say																		
Country of Birth																		



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.

PA	RT 2: MEDICAL DETAILS	
Pleas	se answer the following questions about the person being offered vaccine 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?  If yes, they cannot get any Comirnaty® or Comirnaty® Children COVID-19 vaccine. But they may be able to have a different vaccine only if 12 years or older. They need to talk to their vaccination team and their GP. They may need specialist advice. If no, GO TO NEXT QUESTION.	
1a.	Have they ever had a serious allergic reaction (anaphylaxis) to Trometamol (an ingredient in contrast dye used in MRI radiological studies)?	Yes No
	If yes, they cannot get any Comirnaty® or Comirnaty® Children COVID-19 vaccine. But they may be able to have an alternate vaccine. If aged 12 years and over. Talk to the vaccinator. 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 a 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, 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. Now go to next question. If no, 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 further question 4a. If no, GO TO QUESTION 5 OR 6.	
4a.	Since they had myocarditis or pericarditis after a previous dose of COVID-19 vaccine a specialist doctor must approve that they 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 should talk to their specialist doctor to check if they are suitable for this or another type of COVID-19 vaccine.	
Que	estion 5 for people aged 5 to 17 years	
5.	Has this child or young person 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.	$\bigcup \bigcup$
5a.	Has this child or young person clinically recovered from MIS-C?	Yes No
Jui	If yes, GO TO QUESTION 5b. If no, this child or young person cannot be vaccinated today.	
5b.	Has it been over 90 days since this child or young person was diagnosed with MIS-C?	Yes No
	If yes, GO TO NEXT QUESTION. If no, this child or young person cannot be vaccinated today.	
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.	If receiving their first dose of a COVID-19 vaccine, have they been diagnosed with COVID-19 within the last four weeks?	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 4 weeks since they tested positive or developed symptoms. If no, GO TO NEXT QUESTION.	



Plea	se answer the following questions with a yes or no answer					
8.	Does this person have a bleeding disorder or are they on anticoagulation therapy?  If yes, they can still get a vaccine if they have a bleeding disorder or take anticoagulation medicines. But tell their vaccinator about their condition. If no, they are eligible.					
Cor	mplete this section if you are getting additional doses (a 2nd or 3rd dose) because you have a weak imi	mune				
9.	If they're receiving a second dose of a primary course because they have a weak immune system, has it been at least 3 weeks (4 weeks ideally) since their first dose of vaccine?  If yes GO TO QUESTION 9a.  If no, they should wait at least 3 weeks since their last dose.	Yes (	No			
9a.	Have they been diagnosed with COVID-19 infection since their last dose of COVID-19 vaccine?  If yes, they should wait at least 4 weeks from when you tested positive or developed symptoms.  If no GO TO NEXT SECTION.	Yes	No			
9b.	If they are receiving a third dose of a primary course because they have a weak immune system, has it been at least 4 weeks since their last dose of COVID-19 vaccine?  If Yes GO TO QUESTION 9c.	Yes [	No			
9c.	If no they should wait at least 4 weeks since your last dose.  If they are receiving a third dose of a primary course because they have a weak immune system, have they had COVID-19 infection since their last COVID-19 vaccine dose?  If yes, the vaccinator will advise if they need a vaccine based on current NIAC advice.	Yes	No			
	If no, they can get the vaccine today.					
Ple	ase answer the following questions with a yes or no answer					
For	Booster Doses only					
10.	Have they had COVID-19 infection or a COVID-19 vaccine in the last 3 months?  If yes, they should delay getting the vaccine until it has been at least 3 months, since a COVID-19 infection or their last COVID-19 vaccine. If no, they are eligible for the booster vaccine.	Yes (	No			
11.	Are they pregnant?  If yes, complete questions 11a, 11b and 11c depending on their situation.	Yes (	No			
	If no, they are eligible for the booster today.					
Que	estions 11a, 11b and 11c are for pregnant persons only					
11a.	Have they had a booster dose already in this pregnancy?  If yes, they don't need a booster dose unless they have been diagnosed with a weak immune system. If they have been diagnosed with a weak immune system, speak to their vaccinator. Complete 11b. and 11c. if vaccinator approves a second dose.  If no GO TO QUESTION 11b	Yes [	No			
11b.	Have they had COVID-19 infection or a COVID-19 vaccine in the last 6 months?  If yes they should wait at least 6 months from their last COVID-19 infection or COVID-19 vaccine dose to get a booster dose.	Yes [	No			
44.	If no GO TO QUESTION 11c	V	NI -			
11c.	Have they had a COVID-19 vaccine in the last 12 months?  If yes their vaccinator will talk to them about the best timing for their booster dose.	Yes	00/1			
	If no they are eligible for vaccination today but ideally the vaccine should be given between 20 and 34 weeks of pregnancy. They should talk to their vaccinator					
Vac	cination may proceed if no issues for further investigation, deferral or contraindications are noted in the above q	uestior	ıs.			



# Immunisation Consent Form for people receiving COVID-19 vaccine

For the latest Comirnaty® antigenically updated vaccine available for people aged 5 years and older

PART 3: IMMUNISATION CONSENT									
For people aged 16 years and older  One of these options 1-3 is appropriate when establishing consent (please tick as appropriate)									
The individual has consented to vaccination with COVID-19 vaccine and has been provided with written information,      OR									
2. The individual does not agree with COVID-19 vaccination and should not be vaccinated, <b>OR</b>									
3. The individual cannot consent and they are being vaccinated with COVID-19 vaccine according to their benefit and will and preference, <b>AND</b>									
The above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.									
Name (Please print)									
Signature Date D D M M Y Y Y Y									
For people aged 15 years and younger  Medical Consent: Please note only a parent or legal guardian can provide consent for a medical procedure, or refuse consent for a medical procedure for young people under 16 years of age. Young people aged 16 years or older are legally entitled to consent for themselves. Read more about the HSE Consent Policy on the HSE website.									
I confirm that I am authorised to give consent on behalf of the above named young person.									
I understand I am giving consent for the administration of a dose or for the primary course, consent for the administration of one, two or three doses of COVID-19 vaccine at the appropriate interval.									
Name (Please print)									
Signature Date D D M M Y Y Y Y									
Please tick Parent Legal Guardian Self									
This Young person assents to receiving the vaccine (Please tick)									

Thank you for completing the consent form. Please return it to your vaccinator.

**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 (<a href="https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf">https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf</a>) which is accessible via the HSE Privacy Statement (<a href="https://www2.hse.ie/privacy-statement/">https://www2.hse.ie/privacy-statement/</a>). 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	D D M M
			YYYY	left deltoid	YYYY
Completed by:			MCRN/PIN:		
Date: D D M	M Y Y Y				
If vaccine not administ  DNA or Absent  Refused on the D  Vaccine Contraine  Deferred  Other  For official use only					
Notes/Comments:					