



# COVID-19 Consent & Medical Eligibility

For Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 or Comirnaty Children 5-11 years or Comirnaty Children 5-11 years BA.4 & BA.5 COVID-19 vaccines and Spikevax® or Spikevax® BA.1 or Spikevax® BA.4 & BA.5 COVID-19 vaccines



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. Has this person ever had a serious allergic reaction (anaphylaxis) that needed medical treatment:

I) after having a previous dose of the Spikevax® or Spikevax® BA.1 or Spikevax® BA.4 & BA.5 or Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 or Comirnaty Children 5 -11 years or Comirnaty Children 5-11 years BA.4 & BA.5 COVID-19 vaccine, OR II) to any of the vaccine ingredients, including polyethylene glycol known as PEG?

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

Yes No [ ] [ ]

1a. Have they ever had a serious allergic reaction (anaphylaxis) to Trometamol (an ingredient in contrast dye used in MRI radiological studies)?

If yes, they cannot get the Spikevax® or Spikevax® BA.1 or Spikevax® BA.4 & BA.5 or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 or any Comirnaty Children COVID-19 vaccine. But they may be able to have a different vaccine only if 12 years or older. If no, GO TO NEXT QUESTION.

Yes No [ ] [ ]

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 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.

Yes No [ ] [ ]

3. Have they ever had Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues)

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

Yes No [ ] [ ]

4. Have you 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?

If yes, you need to answer further question 4a. If no, GO TO NEXT QUESTION 5 OR 6.

Yes No [ ] [ ]

4a. Since you had myocarditis or pericarditis after a previous dose of COVID-19 vaccine a specialist doctor must approve you to get this vaccine. Has your COVID-19 vaccination been approved by a specialist doctor?

If yes, GO TO NEXT QUESTION. If no, you cannot get this vaccine. Talk to your specialist doctor to check if you are suitable for this or another type of COVID-19 vaccine.

Yes No [ ] [ ]

## Question 5 for children

5. Has this child had multisystem inflammatory syndrome also called MIS-C (a rare syndrome usually treated in hospital) after a COVID-19 infection?

If yes, please answer question 5a and 5b.

Yes No [ ] [ ]

5a. Has this child clinically recovered from MIS-C?

If yes, GO TO QUESTION 5b. If no, this child cannot be vaccinated today.

Yes No [ ] [ ]

5b. Has it been over 90 days since this child was diagnosed with MIS-C?

If yes, GO TO NEXT QUESTION. If no, this child cannot be vaccinated today.

Yes No [ ] [ ]

6. Have they had the monkeypox or smallpox vaccine (Imvanex or Jynneos) in the last 4 weeks?

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.

Yes No [ ] [ ]



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Please answer the following questions with a yes or no answer

## 7. If receiving your first or second dose of a COVID-19 vaccine, have you been diagnosed with COVID-19 (with a PCR or Antigen test) within the last eight weeks?

If yes and receiving a first of a COVID-19 vaccine, you should delay getting a vaccine until you have recovered from COVID-19 and it has been at least 4 weeks since you tested positive or developed symptoms, or 4 weeks from your first positive PCR if you did not have symptoms. If receiving a second dose of a COVID-19 vaccine, you should delay getting a vaccine until you have recovered from COVID-19 and it has been at least 4-8 weeks (depending on your age) since you tested positive or developed symptoms, or 4 weeks from your first positive PCR if you did not have symptoms. If no, GO TO NEXT QUESTION.

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

## 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, GO TO NEXT QUESTION.

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

## 9. Is this person 29 years of age or younger?

If yes, they can be offered a dose of Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5. If no, they can be offered either a dose of Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 COVID-19 vaccines and Spikevax® BA.4 & BA.5.

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

## 10. For Moderna (Spikevax®) or Spikevax® BA.1 or Spikevax® BA.4 & BA.5. Has this person ever been diagnosed with capillary leak syndrome?

If yes, GO TO QUESTION 10a. If no, GO TO QUESTION 11.

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

### 10a. Has this person had a discussion on the risks and benefits of this vaccine with their GP or specialist doctor and they have approved the vaccine for them?

If yes, GO TO NEXT QUESTION. If no, they can not receive the Moderna vaccines.

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

## 11. Are you receiving a second dose of a primary course and has it been at least 3 weeks from your first dose?

If yes, an 8 week interval between dose one and dose two is now recommended for those under 30 years old. Those 30 years and older or have a weak immune system (age 5 and older) a 4 week interval applies. A minimum interval of 3 weeks may be used if there is urgency to achieve protection. If no, you cannot get vaccinated today.

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

## For booster doses Only

### 12. For your first round of COVID-19 vaccines (dose 1 and dose 2) did you receive Nuvaxovid for both doses or for booster and/or additional dose?

If yes, although there is no evidence regarding the safety and efficacy of booster doses of or after Nuvaxovid, this can be considered following an individual benefit-risk assessment.

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

### 13. Have you had COVID-19 infection or a COVID-19 vaccine in the last 9 months?

If yes, you should delay getting the vaccine until it has been 6 months (3 months minimal interval) from your COVID-19 infection or last COVID-19 vaccine if you are aged 50 years or older or have a weak immune system (age 5 and older) and getting your second or subsequent booster.

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

For healthy 12-49-year-olds receiving a second or subsequent booster you should delay getting the vaccine until it has been 9 months (3 months minimal interval) from your COVID-19 infection or last COVID-19 vaccine.

For those receiving their first booster you should delay getting the vaccine until it has been 4 months (3 months minimal interval) from your COVID-19 infection or completing the primary schedule. If no, GO TO NEXT SECTION.

### 14. Are you pregnant?

If yes, complete questions 15a and 15b depending on your situation. If no, GO TO NEXT SECTION.

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



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Please answer the following questions with a yes or no answer

**15a. If you are pregnant and have never had a COVID-19 booster before has it been 4 months since your last COVID-19 vaccine or infection?**

Yes  No

If yes, you can get your your first booster vaccine. You can get your first booster at any stage in exceptional circumstances a minimum 3 month interval from last COVID-19 vaccine or infection can be used. Go to question 15b. If no, you cannot be vaccinated today.

**15b. If you are pregnant and have had a COVID-19 booster before pregnancy are you:**

- Between 20-34 weeks gestation and
- Is this your first booster in pregnancy and
- has it been 6 months since your last COVID-19 vaccine or infection?

Yes  No

If yes, GO TO NEXT SECTION. If no, booster doses can be given at any stage in pregnancy but ideally should be given between 20-34 weeks. If it is more than 12 months since their previous COVID-19 vaccine or infection administration earlier in pregnancy should be considered. In exceptional circumstances a minimum 3 month interval from last COVID-19 vaccine or infection can be used. Only women with a weak immune system can get two boosters in pregnancy.

## For Additional doses Only

**16. If you have a weak immune system and had a COVID-19 infection more than 7 days after the second vaccine dose, an additional dose is not required. You should get your first booster in due course. For those with infection within 7 days of their second dose they should complete the extended primary series after an interval of 8 weeks (minimum interval of 4 weeks can be used). Do you meet this eligibility criteria to proceed?**

Yes  No

If yes, GO TO NEXT SECTION. If no, you cannot get vaccinated today.

## For people aged 16 years and older

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

- 1. The individual has consented to 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 their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.

## For people aged 15 years and younger

Please note only a parent or legal guardian can consent or refuse consent for people aged 15 years and younger.

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 two or three doses of COVID-19 at the appropriate interval.

Signature  Date  (DD/MM/YYYY)

Name (Please print)  (Please tick) Parent  Legal Guardian  Self

This Young person assents to receiving the vaccine (Please tick)

The consenting person gives consent for data to be processed (Please tick)

## FOR OFFICE USE ONLY

Name of Vaccinator  Registration Number / PIN / MCRN

Location of Vaccinator