



Immunisation Consent Form for people receiving COVID-19 vaccine

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

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

Is this person a: Care Worker Frontline Healthcare Worker Long term Residential Care – Resident

Other:

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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 |
| <input type="checkbox"/> A.1 Irish | <input type="checkbox"/> B.1 African | <input type="checkbox"/> C.1 Chinese | <input type="checkbox"/> D.1 Arab |
| <input type="checkbox"/> A.2 Irish Traveller | <input type="checkbox"/> B.2 Any other Black background | <input type="checkbox"/> C.2 Indian/Pakistani/Bangladeshi | <input type="checkbox"/> D.2 Mixed, write in description |
| <input type="checkbox"/> A.3 Roma | | <input type="checkbox"/> C.3 Any other Asian background | <input type="checkbox"/> D.3 Other, write in description |
| <input type="checkbox"/> A.4 Any other White Background | | | |

D. Description

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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 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.

Question 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.

- 5a. **Has this child or young person clinically recovered from MIS-C?** Yes No

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.



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Please answer the following questions with a yes or no answer

8. **Does this person have a bleeding disorder or are they on anticoagulation therapy?** Yes No
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.

Complete this section if you are getting additional doses (a 2nd or 3rd dose) because you have a weak immune

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?** Yes No
If yes GO TO QUESTION 9a.
If no, they should wait at least 3 weeks since their last dose.
- 9a. **Have they been diagnosed with COVID-19 infection since their last dose of COVID-19 vaccine?** Yes No
If yes, they should wait at least 4 weeks from when you tested positive or developed symptoms.
If no GO TO NEXT SECTION.
- 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?** Yes No
If Yes GO TO QUESTION 9c.
If no they should wait at least 4 weeks since your last dose.
- 9c. **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?** Yes No
If yes, the vaccinator will advise if they need a vaccine based on current NIAC advice.
If no, they can get the vaccine today.

Please 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?** Yes No
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.
11. **Are they pregnant?** Yes No
If yes, complete questions 11a, 11b and 11c depending on their situation.
If no, they are eligible for the booster today.

Questions 11a, 11b and 11c are for pregnant persons only

- 11a. **Have they had a booster dose already in this pregnancy?** Yes No
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
- 11b. **Have they had COVID-19 infection or a COVID-19 vaccine in the last 6 months?** Yes No
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.
If no GO TO QUESTION 11c
- 11c. **Have they had a COVID-19 vaccine in the last 12 months?** Yes No
If yes their vaccinator will talk to them about the best timing for their booster dose.
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

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



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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	right deltoid <input type="checkbox"/>	D D M M
			Y	Y	left deltoid <input type="checkbox"/>	Y Y Y Y

Completed by:		MCRN/PIN:	
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Date:	D	D	M	M	Y	Y	Y	Y
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If vaccine not administered please state why?

- DNA or Absent
- Refused on the Day
- Vaccine Contraindicated
- Deferred
- Other

For official use only

Notes/Comments:	
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