



HSE COVID 19 Vaccination Checklist

Comirnaty (Pfizer/BioNTech COVID-19 vaccine) and SpikeVax (COVID-19 Vaccine Moderna) use only

Name: PPSN:

Checklist to support you answering COVID-19 consent questions

- | | | | |
|-----|---|---------------------------------|--------------------------------|
| 5. | Have you had pericarditis (inflammation of the lining around the heart) after having a previous dose of the Moderna or Pfizer/BioNTech COVID-19 vaccine?
If yes , GO TO QUESTION 5b.
If no , GO TO NEXT QUESTION. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 5b. | Since you had pericarditis (inflammation of the lining around the heart) after a previous dose of the Moderna or Pfizer/BioNTech 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 GP or doctor to check if you are suitable for another type of COVID-19 vaccine. You may need specialist advice. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 6. | Have you tested positive for COVID-19 within the last 4 weeks?
If yes , 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 test if you did not have symptoms. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 7. | Do you have a bleeding disorder or are you on anticoagulation therapy?
If yes , you can still get a vaccine if you have a bleeding disorder or take anticoagulation medicines. But tell your vaccinator about your condition. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 8. | Are you pregnant?
If yes , go to 8b. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 8b. | Have you talked to your Obstetrician, Midwife or Doctor about the risks and benefits of getting the vaccine?
If yes , you can be vaccinated today
If no , you should discuss with your Obstetrician, Midwife or Doctor first. You cannot be vaccinated today. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

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

- | | | |
|-----------|---|--------------------------|
| 1. | The individual has consented to the vaccination for COVID-19 and has been provided with written information, | <input type="checkbox"/> |
| OR | | |
| 2. | The individual does not agree with COVID-19 vaccination and should not be vaccinated, | <input type="checkbox"/> |
| OR | | |
| 3. | The individual cannot consent and they are being vaccinated for COVID-19 according to their benefit and will and preference, AND | <input type="checkbox"/> |

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.