HSE COVID 19 Vaccination Checklist
Pfizer-BioNTech and Moderna Vaccine use only

Checklist to support you answering Covid-19 eligibility questions

See patient information leaflet for further information

These will be Yes/No answers

1. Have you ever had an Anaphylactic reaction (a serious systemic allergic reaction requiring medical intervention) following a previous dose of the vaccine or to any of the vaccine constituents (including polyethylene glycol (PEG))?
   If yes you are not eligible for the vaccination at this time.

2. Do you have a history of an immediate systemic allergic reaction to any other vaccine, injectable therapy or polysorbate 80?
   If no, proceed to question 3
   If yes, proceed to Question 2a

2a. Have you received advice from a relevant medical specialist that includes weighing the risks and benefits of receiving the vaccine for you?
   If yes, you are eligible for the vaccine, HOWEVER, you should be observed for 30 minutes post vaccination
   If no, you are not eligible for the vaccine at this time and vaccination must be deferred until such time as you have conferred with your medical practitioner

3. Have you been diagnosed with Covid-19 within the last four weeks
   If yes, vaccination should be deferred until clinical recovery from COVID-19 and for at least four weeks after diagnosis or onset of symptoms, or four weeks from the first PCR positive specimen in those who are asymptomatic.

4. Do you have a bleeding disorder or are you on anticoagulation therapy?
   No action on either yes or no, knowledge transfer to vaccinator.

5. Are you less than 14 weeks or more than 36 weeks pregnant?
   If yes, you are not eligible for vaccination at this time.
   If no, but you are more than 14 weeks and less than 36 weeks pregnant and consenting to vaccination, before vaccination happens please discuss the risks and benefits of receiving the vaccine with your obstetric care provider and confirm with them that you are at the correct stage of pregnancy to receive the vaccine
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Name: ........................................................................... PPSN: ...........................................

Checklist to support you answering Covid-19 consent questions

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, □

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.