

Name: PPSN:

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 a serious allergic reaction (anaphylaxis) that needed medical treatment:
 I) after having the AstraZeneca (Vaxzevria®) or Janssen® (Johnson & Johnson) COVID-19 vaccine, OR

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

II) to any of the vaccine ingredients, including polysorbate 80?

If **yes**, you **cannot** get this vaccine. You may need to get a different type of vaccine in a specialist centre. Talk to your GP.

IF NO GO TO NEXT QUESTION

2. Have you ever had a serious allergic reaction (anaphylaxis):

I) from a vaccine, injection of antibody preparation or a medicine likely to contain polysorbate 80 OR

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

II) for unexplained reasons. This may mean you are allergic to polysorbate 80?

If **yes**, 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.

IF NO GO TO NEXT QUESTION

3. Have you ever had

I) Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues) OR

II) idiopathic anaphylaxis. This is a serious allergic reaction (anaphylaxis) with no known cause OR

III) a serious allergic reaction (anaphylaxis) due to food, medication or venom from an insect or animal?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If **yes**, you **can** still get the vaccine, BUT, you should be observed for 30 minutes after you are vaccinated. GO TO NEXT QUESTION

IF NO, GO TO NEXT QUESTION.

4. Have you ever been diagnosed with capillary leak syndrome?

If **yes**, you **cannot** get this vaccine if you've been diagnosed with capillary leak syndrome.

Talk to you GP or doctor about getting a different COVID-19 vaccine.

IF NO, GO TO NEXT QUESTION.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Name: PPSN:

Checklist to support you answering COVID-19 consent questions

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|--|---|--|
| <p>5. 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.</p> | <p>YES
<input type="checkbox"/></p> | <p>NO
<input type="checkbox"/></p> |
| <p>6. 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.</p> | <p>YES
<input type="checkbox"/></p> | <p>NO
<input type="checkbox"/></p> |
| <p>7. Have you had blood clots with low platelets after your first dose of the Vaxzevria® (COVID-19 Vaccine AstraZeneca)?
If yes, you cannot get the AstraZeneca or Janssen COVID-19 vaccines</p> | <p>YES
<input type="checkbox"/></p> | <p>NO
<input type="checkbox"/></p> |
| <p>8. Are you pregnant?
If yes, go to 8b.</p> | <p>YES
<input type="checkbox"/></p> | <p>NO
<input type="checkbox"/></p> |
| <p>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 you are between 14-36 weeks gestation
If no, you should discuss with your Obstetrician, Midwife or Doctor first. You cannot be vaccinated today.</p> | <p>YES
<input type="checkbox"/></p> | <p>NO
<input type="checkbox"/></p> |
| <p>9. Do you have a history of thrombocytopenic disorder (e.g. immune thrombocytopenia)
If yes, go to 9b</p> | <p>YES
<input type="checkbox"/></p> | <p>NO
<input type="checkbox"/></p> |
| <p>9b. Have you spoken to you doctor about the risks and benefits of this vaccine for you (as the risk of developing low platelet levels should be considered before vaccination)?
Please note people with a history of Immune thrombocytopenia who receive this vaccine should have their platelets monitored after vaccination.
If no, please discuss this with your doctor before getting vaccinated. You cannot be vaccinated today.</p> | <p>YES
<input type="checkbox"/></p> | <p>NO
<input type="checkbox"/></p> |

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

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

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.