HSE COVID-19 Vaccination Checklist
Vaxzevria® (COVID-19 Vaccine AstraZeneca) or single dose of COVID-19 Vaccine Janssen®

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 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 polysorbate 80)?

   If yes you are not eligible for the vaccination at this time.

   YES NO

2. Do you have a history of an immediate systemic allergic reaction to any other vaccine or injectable therapy?

   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

   YES NO

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.

   YES NO

4. Do you have a bleeding disorder or are you on anticoagulation therapy?

   No action on either yes or no, knowledge transfer to vaccinator.

   YES NO

5. Have you had blood clots with low platelets after your First Dose of Vaxzevria® (COVID-19 Vaccine AstraZeneca)?

   If yes, you are not eligible for Vaxzevria® (COVID-19 Vaccine AstraZeneca) or COVID-19 Vaccine Janssen®

   YES NO

6. If you are due to receive a dose of Vaxzevria® (COVID-19 Vaccine AstraZeneca) vaccine, have you ever been diagnosed with capillary leak syndrome?

   If yes, you are not eligible for Vaxzevria® (COVID-19 Vaccine AstraZeneca)

   YES NO

Questions continued overleaf
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Checklist to support you answering COVID-19 consent questions

7. Are you less than 14 weeks or more than 36 weeks pregnant?
If yes, you are not eligible for COVID-19 Vaccine Janssen® or Vaxzevria® (COVID-19 Vaccine AstraZeneca)

8. Are you between 14 and 36 weeks pregnant and attending for a first dose of Vaxzevria® (COVID-19 Vaccine AstraZeneca) or a single dose of COVID-19 Vaccine Janssen®?
If yes, you are not eligible. You need a new appointment for a different vaccine called an mRNA vaccine.

9. Are you between 14 and 36 weeks of pregnancy and this is your second dose of Vaxzevria® (COVID-19 Vaccine AstraZeneca)?
If yes, can you confirm that you have discussed the risks and benefits of receiving the second dose of the Vaxzevria® (COVID-19 Vaccine AstraZeneca) vaccine with your obstetric care provider and that they have confirmed that you are at the correct stage of pregnancy to receive the vaccine?
If yes, you are eligible to get the vaccine
If no, you are not eligible at this time

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.