

## CONSENT FOR COVID 19 VACCINE



Name: \_\_\_\_\_

Address: \_\_\_\_\_

GMS Number: \_\_\_\_\_

TEL NUMBER: \_\_\_\_\_

PPS NUMBER: \_\_\_\_\_

Allergies or Previous Reaction to Vaccines: \_\_\_\_\_

### COMMON SIDE EFFECTS:

Feeling tired

Sore Arm

Headache

Fever

Nausea

Muscular Pains

As with all drugs there can be other side effects and you can visit [hse.ie](https://www.hse.ie) for more information

Please sign below as this is a consent for your vaccination if you wish to avail of it.

I understand all the above and will visit the hse site for more information.

Signature: \_\_\_\_\_ (may also be signed by next of kin if unable to sign)

### PLEASE SEND THIS FORM BACK TO THE SURGERY

*We will be in contact with you when we are authorised to start vaccinating. Please wear a short sleeved top on the day to facilitate the vaccinators. You will need to remain in the building for 15 minutes following vaccination in case of any reaction.*

70-74



Name: .....

PPSN: .....

## Checklist to support you answering Covid-19 eligibility questions

These will be Yes/No answers

1. Have you had Anaphylaxis (serious allergic reaction requiring medical intervention) following a previous dose of the vaccine or any of its constituents? Yes ☐ No ☐  
If yes you are not eligible for the vaccination at this time. See patient information leaflet.
2. Have you been diagnosed with Covid-19 within the last four weeks? Yes ☐ No ☐  
If yes you are not eligible for the vaccination at this time. See patient information leaflet.
3. Have you had another vaccine within the last 14 days? Yes ☐ No ☐  
If yes you are not eligible for the vaccination at this time. See patient information leaflet.
4. Do you have a bleeding disorder or are you on anticoagulation therapy? Yes ☐ No ☐  
If yes you are not eligible for the vaccination at this time. See patient information leaflet.
5. Are you less than 14 weeks or more than 33 weeks pregnant? Yes ☐ No ☐  
If yes, you are not eligible for the vaccination at this time. See patient information leaflet.  
If no, but you are more than 14 weeks and less than 33 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.

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.