



Australian Government



OFFICE USE ONLY

Date received: _____

- Over 70 Chronic condition Healthcare
- ATSI Disability Carers Critical/High Risk
- NEW PT – see Dr Appt booked: _____
- Answered YES – see Dr Appt booked: _____
- OK TO PROCEED – VAX DATE: _____
- WAIT 30 MINS?

Consent form for COVID-19 vaccination

About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19.

The COVID-19 vaccination is free. You choose whether to have the vaccination or not.

To be vaccinated you will get a needle in your arm. You need to have the vaccination two times on different days. There are different brands of vaccine. You need to have the same brand of vaccine both times. The person giving you your vaccination will tell you when you need to have the second vaccination.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild and don't last for long. As with any vaccine or medicine, there may be rare and/or unknown side effects.

You can tell your healthcare provider if you have any side effects like a sore arm, headache, fever or any other side effect you are worried about. You may be contacted by SMS within the week after receiving the vaccine to see how you are feeling after vaccination.

Some people may still get COVID-19 after vaccination. So you must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people
- washing your hands often with soap and water, or use hand sanitiser
- wear a mask, if your state or territory has advised that you should
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- MyHealthRecord account.

1st DOSE BOOKED: _____

2nd DOSE BOOKED: _____

Name:												
Medicare number:												

How is the information you provide at your appointment used

For information on how your personal details are collected, stored and used visit <https://www.health.gov.au/covid19-vaccines>.

On the day you receive your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

- Have any allergies, particularly anaphylaxis (a severe allergic reaction) to a previous dose of a COVID-19 vaccine, to an ingredient of a COVID-19 vaccine, or to other vaccines or medications. An allergy is when you come near or in contact with something and your body reacts to it and you get sick very quickly. This may include things like an itchy rash, your tongue getting bigger, your breathing getting faster, you wheeze or your heart beating faster.
- If you have an Epi Pen or have had one before.
- If you are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. Sometimes a disease like diabetes or cancer can cause this or certain medicines or treatments you take, such as medicine for cancer.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any serious allergies, particularly anaphylaxis, to anything? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have or been prescribed an EpiPen or adrenaline autoinjector? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an allergic reaction after being vaccinated before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a mast cell disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had COVID-19 before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you on Warfarin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take any medicine to thin your blood (an anticoagulant therapy but excluding aspirin)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a weakened immune system (immunocompromised)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant or do you think you might be pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you breastfeeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been sick with a cough, sore throat, fever or are feeling sick in another way? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a COVID-19 vaccination before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have received any other vaccination in the last 14 days? |

Please talk to your doctor if you have any questions or concerns before getting your COVID-19 vaccination.

Name:												
Medicare number:												

Patient information

Name:												
Medicare number:												
Pension or HCC number:											Expiry:	
Date of birth:												
Address:												
Phone contact number:												
e-mail:												
Sex:												

Are you Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
 Yes, Torres Strait Islander only
 Yes Aboriginal and Torres Strait Islander
 No
 Prefer not to answer

Next of kin (in case of emergency):												
Name:												
Phone contact number:												
Emergency Contact Name:												<input type="checkbox"/> same as NOK
Phone contact number:												
Allergies:	<input type="checkbox"/> No	<input type="checkbox"/> Yes List:										
Have you ever had an adverse reaction to any previous vaccine?												<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	/day	Ex-smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Alcohol consumption:	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	/day	/week								
Current medications:												
Height:												
Weight:												

Name:												
Medicare number:												

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination
- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider
- I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)
- I agree to receive SMS communication
- I agree to book my 2nd dose of COVID-19 vaccine at **Stirk Medical Group** at the **same location** I received my 1st dose
 - KALAMUNDA (commencing Week 1 of rollout) NEWBURN RD (Week 3) EDNEY RD (Week 3)

The recommended time of 2nd dose is 12 weeks

- Consent to upload my COVID-19 vaccination data to AIR (Australian Immunisation Register) and My Health Record

Patient's name:	
Patient's signature:	
Date:	

- I am the patient's guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

Guardian/substitute decision-maker's name:	
Guardian/substitute decision maker's signature:	
Date:	

IMPORTANT INFORMATION

Your 2nd dose will automatically be allocated to you by Stirk Medical Group. It is a requirement to pre-book your 2nd dose and have it at the same location.

YOU WILL RECEIVE AN SMS REMINDER 24 hrs PRIOR TO YOUR VACCINE APPOINTMENTS

Our current process for booking COVID-19 Vaccine appointments:
Consent form received → Confirm your eligible → We call you to book 1st & 2nd doses
→ Vaccine given → Wait 15 mins (or 30mins if concerns) at practice.

Please understand that we are limited by DOH allocation of vaccines, we have no control over the amount we receive and are working as hard as possible to accommodate everyone.

Return this form to: covidvax@stirkmedicalgroup.com
or by person

Name:	
Medicare number:	