



Australian Government



OFFICE USE ONLY

Date received: _____

- Over 70 Chronic condition Healthcare
- ATSI Disability Carers Critical/High Risk
- UNDER 50

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

Before completing this form make sure you have read the information sheet on the vaccine you will be receiving, either COVID-19 Vaccine AstraZeneca or Comirnaty (Pfizer).

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.

There are two brands of vaccine in use in Australia. Both are effective and safe. For adults aged under 50 years either brand may be used, however Comirnaty (Pfizer) vaccine is preferred over AstraZeneca COVID-19 vaccine.

You need to have two doses of the same brand of vaccine. 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. They may start on the day of vaccination and last for around 1-2 days. As with any vaccine or medicine, there may be rare and/or unknown side effects.

A very rare side effect of blood clotting has been reported in the 4-20 days after the first dose of AstraZeneca COVID-19 vaccine. This is not seen after the second dose of AstraZeneca COVID-19 vaccine or after any dose of Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the [‘Information on COVID-19 Vaccine AstraZeneca’](#) fact sheet.

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
- stay home if you are unwell with cold or flu-like symptoms, and arrange to get a COVID-19 test.

1st DOSE BOOKED: _____

2nd DOSE BOOKED: _____

Name:													
Medicare number:													

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"/> | Have you had cerebral venous sinus thrombosis in the past? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had heparin-induced thrombocytopenia in the past? |
| <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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you under 50 years of age? |

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

* AstraZeneca COVID-19 vaccine is suitable for people in these three categories if they have assessed their benefits and risks. For more information refer to the: ['Information on COVID-19 Vaccine AstraZeneca'](#) fact sheet

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:	