



People who have a COVID-19 vaccination have a much lower chance of getting sick from COVID-19. There are three brands of vaccine in use in Australia. All are effective and safe. Pfizer or Moderna are preferred over AstraZeneca for adults under 60 years of age.

You need to have two doses of the same brand of vaccine. When you get your first dose, you will be told when you will need to get your second dose.

Some people with severe immunocompromise may require a 3<sup>rd</sup> dose as part of their primary course. 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.

Some people may still get COVID-19 after vaccination. 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.

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

- MyGov account.
- MyHealthRecord account.

<b>Name</b>		<b>Surname</b>	
<b>Date of birth</b>		<b>Medicare card</b>	
<b>Address</b>		<b>Phone number</b>	
<b>Aboriginal and/or Torres Strait Islander</b>		<b>Email</b>	
<b>Next of kin and relationship</b>		<b>Next of kin's phone number</b>	

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

- Have had an allergic reaction, 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.
- Are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. You can still have a COVID-19 vaccine, but may wish to consider the best timing of vaccination depending on your underlying condition and/or treatment.

<b>Question</b>	<b>YES</b>	<b>NO</b>
Have you had an allergic reaction to a previous dose of a COVID-19 vaccine?		
Have you had anaphylaxis to another vaccine or medication?		

Have you had a serious adverse event, that following expert review by an experienced immunisation provider or medical specialist was attributed to a previous dose of a COVID-19 vaccine (and did not have another cause identified)?		
Have you ever had mastocytosis which has caused recurrent anaphylaxis?		
Have you had COVID-19 before?		
Do you have a bleeding disorder?		
Do you take any medicine to thin your blood (an anticoagulant therapy)?		
Do you have a weakened immune system (immunocompromised)?		
Are you pregnant?		
Have you been sick with a cough, sore throat, fever or are feeling sick in another way?		
Have you had a COVID-19 vaccination before?		
Have you received any other vaccination in the last 7 days?		

**Relevant question to Comirnaty (Pfizer) Covid-19 vaccine:**

Have you been diagnosed with myocarditis and/or pericarditis that is attributed to a previous dose of Pfizer or Moderna?		
Have you had myocarditis, pericarditis or endocarditis within the past six months?		
Do you currently have acute rheumatic fever or acute rheumatic heart disease?		
Do you have severe heart failure?		

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

**Consent to receive COVID-19 Vaccine (Please circle answer):**

<b>I confirm I have received and understood information provided to me on COVID-19 vaccination.</b>	<b>YES</b>	<b>NO</b>
<b>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.</b>	<b>YES</b>	<b>NO</b>
<b>I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine).</b>	<b>YES</b>	<b>NO</b>
<b>Patient's name</b>		
<b>Patient's signature</b>		
<b>Date</b>		