



People who have a COVID-19 vaccination have a much lower chance of getting sick from COVID-19. There are two brands of vaccine in use in Australia. Both are effective and safe. Comirnaty (Pfizer) vaccine is preferred over COVID-19 Vaccine AstraZeneca for adults under 60 years of age. 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.

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.

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

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.

Question	YES	NO
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 was attributed to a previous dose of a COVID 19 vaccine?		
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 only for those receiving Astra Zeneca Covid-19 vaccine:

Have you ever been diagnosed with capillary leak syndrome?		
Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenic Syndrome (TTS), following a previous dose of a COVID-19 vaccine?		
Have you had cerebral venous sinus thrombosis (a type of brain clot)?		
Have you had heparin-induced thrombocytopenia (a rare reaction to heparin treatment)?		
Have you ever had blood clots in the abdominal veins (splanchnic veins)?		
Have you ever had antiphospholipid syndrome associated with blood clots?		
Are you under 60 years of age?		

Relevant only for those receiving Comirnaty (Pfizer) Covid-19 vaccine:

Have you ever had myocarditis or pericarditis?		
Do you currently have, or have you recently had acute rheumatic fever or endocarditis?		
Do you have congenital heart disease?		
For people under 30 years of age: do you have dilated cardiomyopathy?		
Do you have severe heart failure?		
Are you the recipient of a heart transplant?		
Are you under 60 years of age?		

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

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).	
Patient's name	
Patient's signature	
Date	