

CHAIR NUMBER: \_\_\_\_\_  
 ALLOCATED DOCTOR: \_\_\_\_\_  
 ADMIN: \_\_\_\_\_  
 NURSE: \_\_\_\_\_

# PFIZER COVID19 CONSENT FORM

## 60+ YEARS OLD

MAROUBRA MEDICAL CENTRE – updated 17/07/21

## PATIENT DETAILS

NAME: (please circle) MR      MASTER      MRS      MS      MISS      DR OTHER:\_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER IDENTITY (circle): \*MALE \*FEMALE \*NON-BINARY \*TRANSGENDER \*OTHER

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

NATIONALITY/ETHNICITY:

ABORIGINAL/TORRES STRAIT ISLANDER: (circle) YES NO

ADDRESS: UNIT/HOUSE NUMBER: STREET:

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

DO YOU CONSENT TO SMS RECALLS AND REMINDERS FROM US: ☐ YES ☐ NO

EMAIL ADDRESS:

NEXT OF KIN: NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MEDICARE NUMBER:

[illegible]

## HEALTH INFORMATION

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.

Known Allergies:

Reaction to Allergies: \_\_\_\_\_

BMI

Weight(kgs) (if known): \_\_\_\_\_ Height(cm) (if known): \_\_\_\_\_

## ALCOHOL

☐ Non Drinker ☐ Drinker: Days per week: \_\_\_\_\_ Standard Drinks Per Day: \_\_\_\_\_

Past Alcohol Intake: ☐ None ☐ Occasional ☐ Moderate ☐ Heavy

## SMOKING

☐ Non Smoker   ☐ Ex Smoker   Year Started:   Stopped:   Cigarettes per day:

☐ Smoker - Year Started:      Cigarettes per day:

Please turn over

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PLEASE MARK YES OR NO	YES	NO
<b>My regular GP is at Maroubra Medical Centre</b>		
<b>If no, I have a health summary from my regular GP, Dr _____</b>		
<b>Are you immunocompromised?</b> 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.		
Do you have any serious allergies, particularly anaphylaxis, to anything?		
Have you had an allergic reaction after being vaccinated before?		
Do you have a mast cell disorder?		
Have you received normal human immunoglobulin or any other blood product in the last year?		
Have you had Guillane-Barre syndrome?		
Have you had COVID-19 before?		
Do you have a bleeding disorder?		
Do you take any medicine to thin your blood (an anticoagulant therapy)?		
Are you pregnant or do you think you might be pregnant?		
Are you breastfeeding?		
Have you been sick with a cough, sore throat, fever in the last 14 days or are feeling sick in another way currently?		
Have received any other vaccination in the last year, including flu vaccine?		
Is there anything else we should know about your health status? If yes, give details here: _____ _____		

**I fit the criteria for Pfizer because of the following medical condition (please circle)**  
Proof of condition must be attached to this form as well as PFIZER RECOMMENDATION  
filled in by your regular GP (available at reception and on our website)

Cerebral Venous Sinus Thrombosis (CVST)	Heparin Induced Thrombocytopenia (HIT)
Idiopathic splanchnic (mesenteric, portal or splenic) venous thrombosis	Anti-phospholipid syndrome with thrombosis
Anaphylaxis, thrombosis with thrombocytopenia or other serious adverse event attributed to the <u>first dose of the AstraZeneca COVID-19 vaccine.</u> (note: serious adverse events are required to be notified to the local public health unit via the NSW Health COVID-19 Vaccine AEFI Case Notification Form or 1300 066 055)	History of anaphylaxis to a component of the AstraZeneca COVID-19 vaccine

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**PLEASE READ THIS INFORMATION BELOW CAREFULLY AND SIGN IN THE REQUIRED SECTIONS**

INFORMATION	I HAVE READ AND UNDERSTAND
<b>ABOUT THE VACCINE</b> This vaccine can prevent people from becoming ill from COVID-19. This vaccine does not contain any live virus, and it cannot give you COVID-19. It contains the genetic code for an important part of the SARS-CoV-2 virus called the spike protein. After getting the vaccine, your body makes copies of the spike protein. Your immune system will then learn to recognise and fight against the SARS-CoV-2 virus.	
<b>BENEFITS OF THE VACCINE – PFIZER</b> The primary benefit of vaccination is protection against illness from COVID-19, and in particular protection against severe illness and death. The vaccine efficacy in the phase II/III clinical trial was approximately 95% against symptomatic COVID-19 and was consistent across age groups.	
<b>THE IMPORTANCE OF HAVING 2 INJECTIONS</b> A single dose of this vaccine will provide only partial protection against COVID-19 and this protection is likely to be of shorter duration unless the second dose is given. For optimal protection against COVID-19, two doses are required.	
<b>CONTINUE TO BE CAREFUL</b> Its important to still continue to exercise physical distancing, hand washing, wearing a mask when required and getting a Covid-19 test if you have any symptoms.	
<b>WHAT TO EXPECT AFTER YOUR INJECTION</b> You will be monitored for 15 minutes after your vaccine. As with any vaccine, you may have some side effects after receiving a COVID-19 vaccine. Common side effects after this vaccine include: <ul style="list-style-type: none"> <li>• pain or swelling at the injection site</li> <li>• tiredness</li> <li>• muscle pain</li> <li>• fever</li> </ul> Less common side effects after this vaccine include: <ul style="list-style-type: none"> <li>• headache</li> <li>• chills</li> <li>• joint pain</li> <li>• redness at the injection site</li> <li>• nausea</li> <li>• feeling unwell</li> <li>• insomnia</li> <li>• enlarged lymph nodes</li> <li>• pain in limb</li> <li>• itching at the injection site.</li> </ul>	<p><b>Please turn over</b></p>

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<p>These side effects are usually mild and usually go away within one or two days. If you experience pain at the injection site or fever, headaches or body aches after vaccination, you can take paracetamol or ibuprofen. These help to reduce some of the above symptoms. If there is swelling at the injection site, you can use a cold compress. Rare side effects that have been reported after this vaccine are:</p> <ul style="list-style-type: none"> <li>• severe allergic reaction (anaphylaxis).</li> </ul> <p>You should seek medical attention after vaccination if:</p> <ul style="list-style-type: none"> <li>• you think you are having an allergic reaction.</li> </ul> <p>Call 000 if you experience severe symptoms, such as difficulty breathing, wheezing, a fast heartbeat or collapsing</p> <ul style="list-style-type: none"> <li>• you are worried about a potential side effect or have new or unexpected symptoms</li> <li>• you have an expected side effect of the vaccine which has not gone away after a few days. For symptoms which are not urgent, you can see your regular healthcare provider (usually your GP)</li> </ul>	
<p><b>You will be monitored for 15 minutes after your vaccine and must stay in the vaccination area</b></p>	

### **CONSENT TO RECEIVE COVID-19 VACCINE**

	<b>SIGN HERE</b>
I confirm that everything on this form is true and correct.	
I agree to receive a course of COVID-19 vaccine ( <b>two doses of Pfizer</b> )	

(if signed by a parent or guardian, please provide your details below)

NAME / RELATIONSHIP TO PATIENT	
CONTACT NUMBER	

After going through this form, please indicate below if you are now ready to have your vaccine or if you have more questions (please circle)

**READY FOR INJECTION**

**I HAVE QUESTIONS**

OFFICE USE ONLY: VACCINE 1

DATE GIVEN		BRAND GIVEN	
BATCH NO		TIME GIVEN	
SITE GIVEN	L      R      ARM	NURSE NAME	
DOCTORS NAME		DOCTORS CONSENT	
NEXT APPOINTMENT	GIVEN   NOT GIVEN	AIR	CHECKED   UPLOADED