**You do not need to fill this in unless you were unable to do it online, as when you book, it will take you through consent online.**

**About COVID-19 vaccination**

People who have a COVID-19 vaccination have a much lower chance of getting seriously sick with COVID-19. The COVID-19 vaccination is free if you have a Medicare card.

You can choose to have the vaccination or not. Read all this information and if happy to proceed make a booking on our website when its your groups time. If you have questions or feel hesitant , book a Telehealth covid info appt first.

To be vaccinated you will get a needle in your arm. You need to have the vaccination twice ,12 weeks apart. There are different brands of vaccine. You need to have the same brand of vaccine both times. We are giving the Astra Zeneca vaccine

The person giving you your vaccination will tell you when you need to have the second vaccination (both appts are made on initial booking). Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild and don’t last for long e.g. 1-2 days and may be headaches, aches and pains, fever , sore arm, nausea and tiredness. As with any vaccine or medicine, there may be rare and/or unknown side effects.

If you have a side effect that worries you, book a telehealth appt to discuss with the Dr. However if within a few hours of the vaccine you develop any itch, rash, swelling of lips tongue or throat , shortness of breath, wheezing or dizziness , this suggests allergy and must be treated urgently. Call triple zero for an ambulance if you are not near a Dr or a Drs surgery. If near us, call us on 0450615633. Do not delay. You will need to stay on site at least 15 mins on the day to watch for this. Most reactions occur within 15 mins.

If you have a reaction to the vaccine, go to our website and under Patient Info/Forms and fill in the Covid vaccine adverse reaction form and send to email address on it and copy our nurse in as well [results@allmedicals.com.au](mailto:results@allmedicals.com.au) so we know before your next visit

As no vaccine is 100% protective, some people may still get COVID-19 after vaccination. If you get symptoms you must be tested. And 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 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.

**You will need to create these accounts for your travel passport**

**How is the information you provide at your appointment used**

For information on how your personal details are collected, stored and used visit see our privacy policy

<https://www.BrisbaneCityDoctors.com.au>

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

* Do you have any allergies to any of the below ingredients of the vaccine, you MUST go to hospital vax centres)
* L-Histidine (an amino acid)
* L-Histidine hydrochloride monohydrate (an amino acid)
* Magnesium chloride hexahydrate
* Polysorbate 80 (a stabiliser)
* Ethanol
* Sucrose
* Sodium chloride
* Disodium edetate dihydrate (EDTA, a binding agent)

**YOU NEED TO BE BRING EVIDENCE OF THESE DISEASES ON THE DAY**

**(e.g. script, specialist referral, Gp summary, care plan)**

**Individuals at high risk of severe COVID-19 illness**

* • Organ transplant recipients who are on immune suppressive therapy
* • Those who have had a bone marrow transplant in the last 24 months
* • Those on immune suppressive therapy for graft versus host disease
* • Those who have haematological cancers, for example, leukaemia, lymphoma or myelodysplastic syndrome (diagnosed within the last 5 years)
* • Those having chemotherapy or radiotherapy

**Individuals at moderate risk of severe COVID-19 illness**

* • Those with chronic renal (kidney) failure
* • Those with heart disease (coronary heart disease or heart failure)
* • Those with chronic lung disease (excludes mild or moderate asthma)
* • Those who have a non-haematological cancer (diagnosed in the last 12 months)
* • Those who have diabetes
* • Severe obesity with a BMI ≥40 kg/m2
* • Those with chronic liver disease
* • Those with some neurological conditions (stroke, dementia, other)
* • Those with some chronic inflammatory conditions and treatments
* • Those with other primary or acquired immunodeficiency
* • Those with poorly controlled blood pressure

**Patient information**

|  |  |
| --- | --- |
| Name: |  |
| Medicare number: |  |
| Date of birth: |  |
| Address: |  |
| Phone contact number: |  |
| e-mail: |  |
| Sex: |  |

Are you Aboriginal and/or Torres Strait Islander?

No

Yes, Aboriginal only   
 Yes, Torres Strait Islander only   
 Yes Aboriginal and Torres Strait Islander

Prefer not to answer

|  |  |
| --- | --- |
| Next of kin (in case of emergency): |  |
| Name: |  |
| Phone contact number: |  |

PLEASE ANSWER

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Do you have any allergies to anything e.g. food, vaccines, medications , other particularly anaphylaxis, or have been prescribed an adrenaline EpiPen or have any allergy to the ingredients of the vaccine below. **If so go to the hospital centres listed on Qld Govt health website. They are set up for these cases.** |
|  |  | Are you needle phobic or a fainter? **If so book at the hospital centres listed on Qld Govt health website** |
|  |  | Have you had COVID-19 before? Its ok to have vaccination if so buy wait 6 months after |
|  |  | Do you have a bleeding disorder? You may get a larger bruise. Proceed only on your specialists advice. Keep pressure on 3 mins afterwards |
|  |  | Do you take any medicine to thin your blood (an anticoagulant therapy)? Proceed only if you bloods tests are in good control |
|  |  | Do you have a weakened immune system (immunocompromised)? Or on immunosuppressant medication? Protective response may be less. |
|  |  | Are you pregnant (having a baby) or think you might be pregnant? Make appt with your Dr first. Only advised if you are at higher/greater risk. Get letter from your Dr to bring if advised |
|  |  | Are you planning to get pregnant? Ok to have vaccine, have it just after at the end of a normal period |
|  |  | Are you breastfeeding? OK to have vaccine |
|  |  | Have you been sick with a cough, sore throat, fever or are feeling sick in another way**? Is so, do not come until tested negative for Covid and you have no symptoms for 5 days.** |
|  |  | Have you had a COVID-19 vaccination before? If so which one?   |  |  | | --- | --- | | Astra Zeneca  Pfizer | Other | |
|  |  | Have received any other vaccination in the last 14 days? If so wait 14 days between vaccines |
| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | |  |  | | Do you have one of the higher risk for Covid conditions listed above and will have evidence of it on the day to show? You cannot come unless you have a letter from your DR to confirm |
| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | |  |  | | Do you have a Medicare card? If not do not book here. You must go to the Govt centres |

**Information in other languages https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/covid-19-vaccine-information-in-your-language**

**Name :**

**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 before booking

I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)

|  |  |
| --- | --- |
| Patient’s name: |  |
| Patient’s signature: |  |
| Date: |  |

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

|  |  |
| --- | --- |
| Legal guardian/substitute decision-maker’s name: |  |
| Legal guardian/substitute decision maker’s signature |  |
| Date: |  |

SAVE AND EMAIL THIS FORM BACK TO US BEFORE THE DAY OF VACCINATION

[results@allmedicals.com.au](mailto:results@allmedicals.com.au)

ALSO BRING IT A COPY ON THE DAY