

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 an appt first to discuss with your doctor

If you are under 50 recommendations have changed due to a rare clotting risk. See your Dr to discuss before booking as you can still have the AZ vaccine if benefits outweigh risks. The new recommendations are to have Pfizer vaccine but we do not have this available in general practice and we will need to be done at a hospital hub so see the Dept of health website for updates about where this will be accessible. Likely to be towards the end of the year.

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

Book your second vaccine appt for 12 weeks after you have the first one, to secure vaccine for you

Medical experts have studied COVID-19 vaccines.. Most side effects are mild and don't last for long e.g. 1-2 days and may be headaches, aches, fever, sore arm, nausea and tiredness. Paracetamol will help . As with any vaccine or medicine, there may be rare and/or unknown side effects. Currently an investigation is underway for a rare side effect of severe/possibly fatal clotting in 1/100000 people. Symptoms occur 4-20 days after vaccination with unusual headache, +/- confusion/vomiting or abdo pains, possibly bruising or shortness of breath and chest pains, leg swelling. Any severe symptoms at any time or any unusual symptoms after the third day, present immediately at the emergency centres.

Allergy is also a rare side effect in about 1/10,000 people so 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 and stay nearby another 15 mins e.g. coffee shop next door. Most reactions occur within 15 -30mins. People with allergies to anything or mod-severe asthma or mastocytosis must be vaccinated in the hospital or Resp centres which are well resourced and set up for these events.(see Healthdirect website for locations)

To register the event with the TGA (Therapeutic Goods Administration (this is required for any side effect) , If you have side effects 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@allmedical.com.au so we know before your next visit and update your file

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 and immunisation record

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:

- IF YOU HAVE ANY ALLERGIES AT ALL
- If you have any allergies to any of the below ingredients of the vaccine, you MUST go to hospital or respiratory 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 IF ITS NOT ON OUR FILES FOR YOU
(e.g. script, specialist referral, Gp summary, care plan)**

LIST OF ELIGIBLE MEDICAL CONDITIONS FOR GROUP 1B

The Department of Health's list of underlying medical conditions recognised under phase 1B

Conditions

Immunocompromising conditions

Solid organ transplant recipients who are on immune suppressive therapy

Adult survivors of childhood cancers

Bone marrow transplant recipients or those on chimeric antigen receptor T-cell (CAR-T) therapy or those on immune suppressive therapy for graft versus host disease

Haematological diseases or cancers including leukaemia, lymphoma or myeloma Diagnosed within the past five years or on recently completed active treatment including chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy or with advanced disease regardless of treatment

Non-haematological cancer-Diagnosed within the past five years or on recently completed active treatment including chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy or with advanced disease regardless of treatment

Chronic inflammatory conditions on medical treatments Including: Systemic Lupus Erythematosus, Rheumatoid Arthritis, Crohn's disease, ulcerative colitis, and similar who are being treated with Disease modifying anti-rheumatic drugs (DMARDs) or immune-suppressive or immunomodulatory therapies. Generally not inclusive of people living with osteoarthritis, fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome or similar non-immunocompromising inflammatory conditions.

Primary or acquired immunodeficiency Including congenital causes of immunodeficiency and HIV/AIDS

Those with severe mental health conditions Including schizophrenia, bi-polar disorder

Chronic renal (kidney) failure with a eGFR of <44mL/min Does not include mild-moderate chronic kidney disease

Heart disease-Including Ischaemic heart disease, valvular heart disease, cardiomyopathies and pulmonary hypertension

Chronic lung disease Including Chronic Obstructive Pulmonary Disease, cystic fibrosis, interstitial lung disease.

Does not include Mild or moderate asthma

Diabetes

Severe obesity with a BMI $\geq 40\text{kg/m}^2$

Chronic liver disease

Some neurological conditions Including stroke, dementia, multiple sclerosis, motor neurone disease, Parkinson's disease, cerebral palsy. Generally not inclusive of migraine or cluster headaches

Poorly controlled blood pressure (defined as two or more pharmacologic agents for blood pressure control, regardless of recent readings)

Those with Down syndrome, muscular dystrophy, traumatic brain and spinal cord injury

Those living with significant disability requiring frequent assistance with activities of daily living – **including** Down Syndrome, muscular dystrophy, traumatic brain and spinal cord injury, severe intellectual disability.

☑ People with disability attending centre-based services such as:

- day programs
- respite care
- supported employment.

☑ All workers providing in-home and community disability care, including centre-based care.

☑ Workers who regularly have face to face contact with those receiving aged care or those with a disability in phase 1a or 1b, including aged or disability care assessment workforce, those conducting regulatory activities and advocacy services.

☑ Carers (paid and unpaid) of:

- a resident of an aged care facility or residential disability accommodation who is eligible under phase 1a
- a person 70 years and over who is eligible under Phase 1b
- a person with a specified underlying medical condition who is eligible under phase 1b
- a child with a specified underlying medical condition who would be eligible in Phase 1b but cannot be vaccinated due to age restrictions.

☑ Disability and aged care support volunteers who provide support to people in their homes, respite care, educational, employment, leisure and/or residential settings, including those providing transport and advocacy services.

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 or are needle phobic or faint after needles. **If so, DO NOT BOOK HERE, go to the hospital OR respiratory clinic centres listed on Qld Govt healthdirect website. They are set up for these cases.**
- Do you have mastocytosis (mast cell disease)? – You MUST have vaccine at hosp or respiratory centre only
- Have you had COVID-19 before? Its ok to have vaccination if so but wait 4-6 months after
- Do you have a bleeding disorder? You may get a larger bruise. Proceed only on your specialists advice and provide a letter to us. Keep pressure on 5-10 mins afterwards. Platelets count must be >50 and your specialist advice agrees you to have it
- Do you take any medicine to thin your blood (an anticoagulant therapy)? Proceed only if your bloods tests are in good control (INR <3) and on advice of your Dr.
- Do you have a weakened immune system (immunocompromised)? Or on immunosuppressant medication? Protective response may be less. We need your specialist to advise when to time to have the vaccine in relation to your medication so please bring that in on the day.
- 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 to proceed with vaccination
- Are you planning to get pregnant? Its Ok to have vaccine, have it just after at the end of a normal period
- Are you breastfeeding? Its OK to have the vaccine

- Have you been sick with a cough, sore throat, fever or are feeling sick in another way? **If 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
- Are you undergoing treatment for cancer? If so we need your specialist advice on timing of your vaccine in relation to your treatment to get best immune effect (please bring)
- Do you have a Medicare card? If not do not book here. You must go to the Govt centres

<input type="checkbox"/>	<input type="checkbox"/>	Have you had brain clotting(cerebral sinus thrombosis) or heparin induced thrombocytopenia in the past. You must not have the vaccine
<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU UNDER AGE 50?. If so, see your Dr first for advice If proceeding to vaccination for the AZ vaccine after discussion, bring letter from your Dr advising us to proceed

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 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@allmedical.com.au

ALSO BRING IN A COPY ON THE DAY

V9.4.21