

Tullamore Medical Centre

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Patient ID Sticker:

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For Patient information/signature.

Comirnaty (Pfizer/BioNTech) Covid 19 Vaccine Consent Form

You have been offered the Comirnaty (Pfizer/BioNtech) Covid 19 Vaccine. The vaccine will reduce the chance of you suffering from Covid -19 disease. Like all medicines, no vaccine is completely effective, and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 infection despite having a vaccination, but this should lessen the severity of any infection.

As with all vaccines there is a possibility of side effects. During the studies, the more common side effects noted were:

Pain at injection site	84%
Fatigue	63%
Headache	55%
Myalgia (muscle aches) and chills	38%
Arthralgia (bone aches)	24%
Pyrexia (fever)	14%
Nausea	Common (<1/100 to <1/10)
Lymphadenopathy	0.3%
Acute Peripheral Facial Paralysis	Rare (<1/10,000 to <1/1,000)

The vaccine cannot give you COVID-19 infection and two doses will reduce your chance of becoming seriously ill. You will still need to follow all public health guidance. The vaccine has not been studied for, and we do not know if it is effective for transmission of the virus, so you must consider that it only protects you and that you can still pass on the virus.

Please sign below if you wish to proceed:

I wish to receive the full course of COVID-19 vaccination.

I am aware that I can get more information about the vaccine on: www2.hse.ie/covid-19-vaccine/

Name (printed): _____

Signature: _____

Date: _____

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Covid-19 Vaccine Checklist – to be completed prior to vaccination.

Name: **DOB:**

Checklist to support you answering Covid-19 vaccine eligibility questions

1. Have you had Anaphylaxis (serious allergic reaction requiring medical intervention) following a previous dose of the vaccine or any of its constituents? **NO YES**

If yes you are not eligible for the vaccination at this time. See patient information leaflet.

2. Have you been diagnosed with Covid-19 within the last four weeks? **NO YES**

If yes, you will not be eligible for vaccination until four weeks after your Covid-19 diagnosis.

3. Have you had another vaccine within the last 14 days? **NO YES**

If yes, you will not be eligible until vaccine 14 days after your last vaccination.

4. Do you have a bleeding disorder or are you on anticoagulation therapy? **NO YES**

No action on either yes or no, knowledge transfer to vaccinator.

5. Are you less than 14 weeks or more than 33 weeks pregnant? **NO YES**

If yes, you are not eligible for vaccination at this time. If no, but you are more than 14 weeks and less than 33 weeks pregnant and consenting to vaccination, before vaccination happens please discuss the risks and benefits of receiving the vaccine with your obstetric care provider and confirm with them that you are at the correct stage of pregnancy to receive the vaccine.

FOR VACCINATOR: CHECKLIST (CIRCLE ONE NUMBER)

1. The individual has consented to the vaccination for Covid-19 and has been provided with written information,

OR

2. The individual does not agree with COVID-19 vaccination and should not be vaccinated,

OR

3. The individual cannot consent and they are being vaccinated for Covid-19 according to their benefit and will and preference, AND The above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.

Signed: _____

Date: _____