Australian Government

COVID-19 VACCINATION

Consent form for COVID-19 vaccination

Last updated: 17 February 2023

About COVID-19 vaccination

People who have a COVID-19 vaccination course have a much lower chance of getting sick from COVID-19.

There are four brands of vaccine in use in Australia. All are effective and safe.

You can have:

- AstraZeneca if you are 18 years or older
- Novavax if you are 12 years or older
- Moderna if you are 6 months to 5 years inclusive for the primary course, and 18 and older for the bivalent booster formulation*
- Pfizer if you are 6 months or older*

*There are separate consent forms available for children under 12. Bivalent formulations of mRNA vaccines are currently indicated only for as booster doses and are registered only for certain ages.

For the primary course, Pfizer, or Novavax are preferred over AstraZeneca for adults under 60 years of age.

Most people require two doses initially. This is called the primary course. People with severe immunocompromise may require a third primary dose to bring their immune response up to optimal levels. Severely immunocompromised children aged 6 months to 4 years receiving the Pfizer 3-dose primary course do not require a 4th primary dose.

Booster doses are available. Talk to your immunisation provider about whether you are eligible for a booster dose, and which vaccine choices are available to you.

For information on booster doses see:

- https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations
- www.health.gov.au/covid-19-vaccines

Name:	
Medicare number:	

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 one or two days. As with any vaccine or medicine, there may be rare or unknown side effects.

There is a rare risk of myocarditis and pericarditis (heart inflammation) following Moderna, Pfizer and AstraZeneca vaccines. The risk appears highest with Moderna, followed by Pfizer, and is lower with AstraZeneca. Cases have been reported after Novavax but the rate with this vaccine is not yet known.

Tell your health care provider if you have any side effects after vaccination that you are worried about.

You may be contacted by SMS or email in the week after you have the vaccine to see how you are feeling.

- Some people may get COVID-19 after vaccination. You must still follow all relevant public health advice in your state or territory to stop the spread of COVID-19.

By law, the person giving your vaccination must record it on the Australian Immunisation Register. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- My Health Record account (you can register for this with a Medicare number or an Individual Healthcare Identifier).

How your information is used

For information on how your personal details are collected, stored and used, visit www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations.

If you are getting your vaccination in a pharmacy, the pharmacy must share some of your personal information with the Pharmacy Programs Administrator. This is so the pharmacy can claim payment from the Australian Government. More information about why this is needed and what information is shared is provided at the link above.

On the day you have your vaccine

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

- have had an allergic reaction, particularly a severe allergic reaction (anaphylaxis), to:
  - o a previous dose of a COVID-19 vaccine
  - o an ingredient of a COVID-19 vaccine
  - o other vaccines or medications

- are immunocompromised. This means that you have a weakened immune system that makes it harder for you to fight diseases. You can still have a COVID-19 vaccine but may need extra doses and should talk to your doctor about when is the best time to get your vaccine.

Name:		2
Medicare number:		

Consent Checklist

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 by an experienced immunisation provider or medical specialist was attributed to a previous dose of COVID-19 vaccine (and did not have another cause identified)?
☐	☐	Have you ever had mastocytosis (a mast cell disorder) 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?
☐	☐	Have you been diagnosed with myocarditis and/or pericarditis after a previous COVID-19 vaccine dose? ^
☐	☐	Have you had myocarditis or pericarditis within the past three months? ^
☐	☐	Do you currently have acute rheumatic fever or acute rheumatic heart disease? ^
☐	☐	Do you have severe heart failure? ^
☐	☐	Have you ever been diagnosed with capillary leak syndrome? ^

Pfizer and Moderna are the preferred vaccines for pregnant women. If these vaccines are not available, Novavax or AstraZeneca can be considered. For more information, see: www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/pregnant-women

^If you answered yes to any of these questions, you should talk to your immunisation provider about which vaccine is best for you, and to consider whether any additional precautions are needed. For more information, see: www.health.gov.au/resources/publications/covid-19-vaccination-guidance-on-myocarditis-and-pericarditis-after-covid-19-vaccines?language=en

Name:		3
Medicare number:		

Relevant only for those receiving AstraZeneca:		
☐	☐	Have had thrombosis (clotting) together with thrombocytopenia (low platelets) within 42 days after having a previous dose of AstraZeneca?
☐	☐	Have you ever had cerebral venous sinus thrombosis? *
☐	☐	Have you ever had heparin-induced thrombocytopenia? *
☐	☐	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? *

* Pfizer, Moderna, or Novavax are the preferred vaccines for people in these groups. If these vaccines are not available, AstraZeneca can be considered if the benefits of vaccination outweigh the risks. For more information, see: www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/tts

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Patient information

Name:	
Medicare number:	
Individual Health Identifier (IHI) if applicable:	
Date of birth:	
Address:	
Phone contact number:	
Email address:	
Gender:	
Language spoken at home:	
Country of birth:	

Name:	
Medicare number:	

Are you Aboriginal and/or Torres Strait Islander?

☐ Yes, Aboriginal only

☐ Yes, Torres Strait Islander only

☐ Yes Aboriginal and Torres Strait Islander

☐ No

☐ Prefer not to answer

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

Consent to receive COVID-19 vaccine

☐   I confirm I have received and understood information provided to me on COVID-19 vaccination.

☐   I confirm that I have none of the above conditions apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider.

☐   I agree to receive a course of COVID-19 vaccine / I agree to receive a booster of COVID-19 vaccine

Patient's name:	
Patient's signature:	
Date:	

☐   I am the patient's parent, guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above.

Parent/guardian/substitute decision-maker's name:	
Parent/guardian/substitute decision maker's signature:	
Date:	

17 February 2023

For provider use:

Dose 1:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 2:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 3 or booster*:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

*See ATAGI clinical guidance on the use of COVID-19 vaccines in Australia: www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance.

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Medicare number:		