



Consent Form for COVID-19 Vaccination

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

- Have had an allergic reaction, particularly anaphylaxis (a severe allergic reaction) to a previous dose of a COVID-19 vaccine, to an ingredient of a COVID-19 vaccine, or to other vaccines or medications.
- Are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. You can still have a COVID-19 vaccine, but may wish to consider the best timing of vaccination depending on your underlying condition and /or treatment.

Please answer the below questions:	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 was attributed to a previous dose of a COVID-19 vaccine?		
Have you had COVID-19 before?		
Have you ever had mastocytosis which has caused recurrent anaphylaxis?		
Do you have a bleeding disorder?		
Do you take any medicine to thin your blood (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?		
Do you consent to Smartvax sending an SMS message in 3 days to monitor for any reaction to the vaccination/s?		
<u>RELEVANT FOR ASTRAZENECA COVID-19 VACCINE ONLY</u>		
Have you ever been diagnosed with capillary leak syndrome?		
Have you ever had a major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenia Syndrome (TTS), following a previous dose of COVID-19 vaccine?		
Have you ever had cerebral venous sinus thrombosis (a type of brain clot)? *		
Have you ever had heparin-induced thrombocytopenia (a rare reaction to heparin treatment) *		
Have you ever had blood clots in the abdominal veins? (splanchnic veins) *		
Have you ever had anti-phospholipid syndrome associated with blood clots? *		
Are you under 60 years of age? *		

*Comirnaty is the preferred vaccine for people in these groups but if not available, AstraZeneca COVID-19 vaccine can be considered if the benefits of vaccination outweigh the risk.

<u>RELEVANT ONLY FOR THOSE RECEIVING COMIRNATY (PFIZER COVID-19 VACCINATION)</u>		
	YES	NO
Have you ever had myocarditis or pericarditis?		
Do you currently have, or have you recently had acute rheumatic fever or endocarditis?		
For people under 30 years of age: do you have dilated cardiomyopathy?		
Do you have severe heart failure?		
Are you a recipient of a heart transplant?		

I am the patient's guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient. Patient Name: _____ DOB: _____

Name:	
Signature:	
Date:	