



CONSENT FOR COVID 19 VACCINE

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PPS NUMBER: _____

TELEPHONE NUMBER: _____

Allergies or Previous Reaction to Vaccine: _____

COMMON SIDE EFFECTS
Feeling Tired
Sore Arm
Headache
Fever
Nausea
Muscular Pains

As with all drugs there can be other side effects and you can go to hse.ie for information.

I understand all of the above and consent to the vaccine.

Signature: _____

FAMILY DOCTORS: Dr. Rosemary Hutch (IMC NO. 05475), Dr. Michael Norton (IMC NO. 284808), Dr. Adrian McCann (IMC NO. 336686), Dr. Clodagh Collins (IMC NO. 425074)
NURSES: Mary Hassett, Margaret Mary Lynch

ST. MARY'S ROAD, MIDLETON, CO. CORK. TELEPHONE 021 4632288 FAX 021 4636834
WWW.MIDLETONMEDICENTRE.IE



Name:

PPSN:

Checklist to support you answering Covid-19 eligibility questions

These will be Yes/No answers

1. Have you had Anaphylaxis (serious allergic reaction requiring medical intervention) following a previous dose of the vaccine or any of its constituents? Yes No
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? Yes No
If yes you are not eligible for the vaccination at this time. See patient information leaflet.
3. Have you had another vaccine within the last 14 days? Yes No
If yes you are not eligible for the vaccination at this time. See patient information leaflet.
4. Do you have a bleeding disorder or are you on anticoagulation therapy? Yes No
If yes you are not eligible for the vaccination at this time. See patient information leaflet.
5. Are you less than 14 weeks or more than 33 weeks pregnant? Yes No
If yes, you are not eligible for the vaccination at this time. See patient information leaflet.
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.

One of these options is appropriate when establishing consent (please tick as appropriate)

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.