



## Health Questionnaire (continued)

- Are you pregnant?\*  Yes  No
- Have you received any other vaccination in the last 7 days?  Yes  No
- Have you had an allergic reaction to a previous dose of a COVID-19 vaccine?  Yes  No
- Have you had any other serious adverse reaction to a previous dose of COVID-19 vaccine?  Yes  No
- Have you ever had anaphylaxis to another vaccine or medication?  Yes  No
- Have you ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis?  Yes  No
- Do you have a bleeding disorder or are you currently taking any medicine to thin your blood (an anticoagulant therapy)?  Yes  No
- Do you have a medical condition that causes severe immunocompromise?\*\*\*  Yes  No
- Have you had COVID-19 infection before?  Yes  No
- Have you been sick recently with a cough, sore throat, fever or are feeling sick in another way?  Yes  No

\*\*Individuals with a medical condition that causes severe immunocompromise will need to complete the [Eligibility Declaration form to show they are eligible for a third dose of a COVID-19 vaccine](#).

### Relevant for AstraZeneca COVID-19 vaccine only

- Are you under 60 years of age?\*  Yes  No
- Have you ever had cerebral venous sinus thrombosis (a type of brain clot)?\*  Yes  No
- Have you ever had heparin-induced thrombocytopenia (a rare reaction to heparin treatment)?\*  Yes  No
- Have you ever had blood clots in the abdominal veins (splanchnic veins)?\*  Yes  No
- Have you ever had antiphospholipid syndrome associated with blood clots?\*  Yes  No
- Have you had capillary leak syndrome in the past?\*  Yes  No
- Have you had thrombosis (clotting) with thrombocytopenia (low platelets) syndrome after having a previous dose of AstraZeneca?\*  Yes  No

\*Pfizer or Moderna are the preferred vaccines for people in these groups.

### Relevant for Pfizer or Moderna COVID-19 vaccine only

- Have you been diagnosed with myocarditis and/or pericarditis that is attributed to a previous dose of Pfizer or Moderna?  Yes  No
- Have you had myocarditis, pericarditis or endocarditis within the past six months?  Yes  No
- Do you currently have acute rheumatic fever or acute rheumatic heart disease?  Yes  No
- Do you have severe heart failure?  Yes  No

If you answered Yes to any of the above questions, you may still be able to receive Pfizer or Moderna, however you should talk to your GP, immunisation specialist or cardiologist first to discuss the best timing of vaccination and whether any additional precautions are needed.

## Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination  Yes  No
- I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)?  Yes  No
- I give my permission for WA Health to contact me by email, telephone or SMS to monitor vaccine safety and effectiveness  Yes  No
- 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 and/or vaccination service provider  Yes  No

Signature of person receiving vaccine

### Legal guardian or legal substitute decision-maker details

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

First name

Last name

Date  /  /

Email address

Signature of legal guardian or legal substitute decision-maker

Office use only – verbal consent

Verbal consent for vaccination was given  Yes  No

Date  /  /

Time

Signature of person taking consent

Consent person's name

Contact number

Relationship

Data entry  AIR  webPAS  WINVAC  MMEX

Office use only – vaccine administration

Place vaccine batch label here

Vaccine serial number:

Injection site

Left arm  Right arm  Other

Dose number and administration date

Dose 1 – Date received  /  /

Dose 2 – Date received  /  /

Dose 3 – Date received  /  /

Brand of vaccine

Pfizer-BioNTech  Oxford-AstraZeneca  Moderna  Other

Signature of vaccinator

I hereby confirm that the details of the immunisation are correct. I acknowledge the integrity of this data and this may be integrated with other systems.

Name of vaccinator