**COVID-19 Vaccinations at EAHC**

**Vaxzevria (AstraZeneca)**

Please visit our website [www.eahc.com.au](http://www.eahc.com.au) for our updates about our COVID-19 Vaccinations. We currently have the AstraZeneca and Pfizer vaccine available.

**Consent:**

This document contains information about COVID-19 vaccines and our consent form that all patients wanting a COVID-19 vaccine will be required to complete and return back to us.

Your completed consent form can be returned to us by:

* Email: Telehealth@eahc.com.au
* Fax: 8362 9716
* In person at one of our practices.

We ask that this consent form is completed and returned to us at your earliest convenience, where it will then be stored in your medical record at our practice. We will NOT be able to book you into a COVID-19 Vaccination Clinic until we receive your consent form.

**Eligibility:**

COVID-19 vaccines are being rolled out to people in phases, with those most at risk receiving their vaccinations first. To find out if you are eligible to receive the vaccine now, visit <https://covid-vaccine.healthdirect.gov.au/eligibility> and complete the COVID-19 Vaccine Eligibility Checker/

**About COVID-19 vaccination:**

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

There are two brands of vaccine in use in Australia. Both are effective and safe. Comirnaty (Pfizer) vaccine is preferred over COVID-19 Vaccine AstraZeneca for adults under 60 years of age.

You need to have two doses of the same brand of vaccine. The person giving you your vaccination will tell you when you need to have the second vaccination.

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 around 1-2 days. As with any vaccine or medicine, there may be rare and/or unknown side effects.

A very rare side effect of blood clotting (thrombosis) with low blood platelet levels (thrombocytopenia) has been reported following vaccination with the COVID-19 Vaccine AstraZeneca. This is not seen after Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the Patient information sheet on AstraZeneca COVID-19 vaccine and thrombosis with thrombocytopenia syndrome (TTS).

Tell your healthcare provider if you have any side effects after vaccination that you are worried about. You may be contacted by SMS within the week after receiving the vaccine to see how you are feeling after vaccination.

Some people may still get COVID-19 after being vaccinated. For this reason, you must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

* Keep your distance – stay at least 1.5 metres away from other people
* Washing your hands often with soap and water, or use hand sanitiser
* Wear a mask
* Stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Your COVID-19 vaccination will be recorded on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your:

* Medicare account
* MyGov account
* MyHealthRecord account.

**How is the information you provide at your appointment used?**

For information on how your personal details are collected, stored and used please visit the following website: <https://www.health.gov.au/using-our-websites/privacy/privacy-notice-for-covid-19-vaccinations>

**On the day you receive your vaccine:**

Before you are vaccinated, please tell the doctor giving you your vaccination if you:

* Had anaphylaxis (a severe allergic reaction) to a previous dose of a COVID-19 vaccine.
* Have any allergies, to an ingredient of a COVID-19 vaccine, or to other vaccines or medications. An allergy is when you come near or in contact with something and your body reacts to it and you get sick very quickly. This may include things like an itchy rash, your tongue getting bigger, your breathing getting faster, you wheeze or your heart beating faster.
* Are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. Sometimes a disease like diabetes or cancer can cause this or certain medicines or treatments you take, such as medicine for cancer.

Please bring and wear a mask to the COVID-19 Vaccination Clinic.

Please remember to COVID Safe Check-in.

If you are getting a COVID-19 vaccination because of your occupation, you will need to bring identification or documentation confirming this.

More information will be provided to you prior to your vaccination about how the COVID-19 Vaccination Clinic will run.

**Thank You:**

We would like to thank all of our patients at this time for their patience and understanding of the challenges that are present with being a COVID Vaccination Clinic. Our aim is to deliver COVID-19 Vaccines safely to our patients and we will need your cooperation to do so.

Thank you for choosing East Adelaide Healthcare.

*The East Adelaide Healthcare Team*

**VAXZEVRIA (ASTRAZENECA) COVID-19 IMMUNISATION CONSENT FORM V7**

Name: Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Address: \_\_\_

Ph: Email: \_ \_\_\_

**PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS**

|  |  |  |
| --- | --- | --- |
| Are you pregnant or breast feeding? (*If you answer yes, please refer to Information about the COVID Vaccine)* | YES | NO |
| Have you had COVID-19 before? | YES | NO |
| Have you ever experienced an allergic reaction after a vaccination?  | YES | NO |
| Do you have an Epipen or have you ever experienced an Anaphylactic reaction or serious allergic reaction to anything?  | YES | NO |
| Are you taking any medication to thin your blood?  | YES | NO |
| Have you been diagnosed with a BLEEDING DISORDER?  | YES | NO |
| Have you been diagnosed with a MAST CELL DISORDER? | YES | NO |
| Have you been diagnosed with a medical condition / undergoing treatment that causes you to be IMMUNOCOMPROMISED? | YES | NO |
| Have you had cerebral venous sinus thrombosis (a type of brain clot) in the past? | YES | NO |
| Have you had heparin-induced thrombocytopenia (a rare reaction to heparin treatment) in the past? | YES | NO |
| Have you ever had blood clots in the abdominal veins? | YES | NO |
| Have you ever had antiphospholipid syndrome associated with blood clots? | YES | NO |
| Have you ever been diagnosed with capillary leak syndrome? | YES | NO |
| Are you under 60 years of age? | YES | NO |

**IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS THE DOCTOR WILL DISCUSS THIS FURTHER WITH YOU DURING YOUR CONSULT**

**Patient Consent:**

* **I consent to receiving a COVID-19 Vaccine and have received and understood information provided to me on COVID-19 vaccination.**
* **I understand I will require 2 doses of the COVID-19 vaccine approximately 8-12 weeks apart.**
* **I understand that details regarding my vaccination will be sent to the Australian Immunisation Register.**

Signature: Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

**Consent if you are the Guardian / Substitute Decision-Maker for the patient:**

Guardian / Substitute Decision-Maker’s Name:

Signature: Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

***Please return this form back to us at your earliest convenience – we require this form back prior to booking a COVID Vaccine: Email:*** ***telehealth@eahc.com.au******. Fax: 8362 9716, or in person at one of our practices.***