



COVID-19 Consent & Medical Eligibility

For Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 or Comirnaty Children 5-11 years or Comirnaty Children 5-11 years BA.4 & BA.5 COVID-19 vaccines and Spikevax® or Spikevax® BA.1 or Spikevax® BA.4 & BA.5 COVID-19 vaccines



Complete this part for the person being vaccinated (PLEASE USE BLOCK CAPITALS)

Name: Date of Birth:

Please answer the following questions with a yes or no answer

1. Has this person ever had a serious allergic reaction (anaphylaxis) that needed medical treatment:
I) after having a previous dose of the Spikevax® or Spikevax® BA.1 or Spikevax® BA.4 & BA.5 or Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 or Comirnaty Children 5 -11 years or Comirnaty Children 5-11 years BA.4 & BA.5 COVID-19 vaccine, OR
II) to any of the vaccine ingredients, including polyethylene glycol known as PEG?
If yes, they cannot get this vaccine. If no, GO TO NEXT QUESTION.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

1a. Have they ever had a serious allergic reaction (anaphylaxis) to Trometamol (an ingredient in contrast dye used in MRI radiological studies)?
If yes, they cannot get the Spikevax® or Spikevax® BA.1 or Spikevax® BA.4 & BA.5 or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 or any Comirnaty Children COVID-19 vaccine. But they may be able to have a different vaccine only if 12 years or older. If no, GO TO NEXT QUESTION.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Have they ever had a serious allergic reaction (anaphylaxis):
I) after taking multiple different medications, with no reason known for the reaction. This may mean they are allergic to polyethylene glycol (PEG) OR
II) after having a vaccine or a medicine that contains polyethylene glycol (PEG), OR
III) for unexplained reasons. This may mean they are allergic to polyethylene glycol (PEG)?
If yes, they cannot get this vaccine, they may need specialist advice. Talk to the vaccination team. If no, GO TO NEXT QUESTION.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. Have they ever had Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues)
If yes, they can still get the vaccine, BUT, they should be observed for 30 minutes after they are vaccinated. If no, GO TO NEXT QUESTION.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. Have you had Myocarditis (inflammation of the heart muscle) or Pericarditis (inflammation of the lining around the heart) after having a previous dose of COVID-19 vaccine?
If yes, you need to answer further question 4a. If no, GO TO QUESTION

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4a. Since you had myocarditis or pericarditis after a previous dose of COVID-19 vaccine a specialist doctor must approve you to get this vaccine. Has your COVID-19 vaccination been approved by a specialist doctor?
If yes, GO TO NEXT QUESTION. If no, you cannot get this vaccine. Talk to your specialist doctor to check if you are suitable for this or another type of COVID-19 vaccine.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Question 5 for children aged 5-11 years only

5. Has this child had multisystem inflammatory syndrome also called MIS-C (a rare syndrome usually treated in hospital) after a COVID-19 infection?
If yes, please answer question 5a and 5b

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5a. Has this child clinically recovered from MIS-C?
If yes, this child can be vaccinated today. If no, this child cannot be vaccinated today.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5b. Has it been over 90 days since this child was diagnosed with MIS-C?
If yes, this child can be vaccinated today. If no, this child cannot be vaccinated today

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6. Have they had the monkeypox or smallpox vaccine (Imvanex or Jynneos) in the last 4 weeks?
If yes, they cannot get this vaccine today. They need to wait 4 weeks after getting these vaccines before getting a COVID-19 vaccine.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



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Please answer the following questions with a yes or no answer

7. If receiving your first or second dose of a COVID-19 vaccine, have you been diagnosed with COVID-19 (with a PCR or Antigen test) within the last four weeks?

If yes and receiving a first or second dose of a COVID-19 vaccine, you should delay getting a vaccine until you have recovered from COVID-19 and it has been at least four weeks since you tested positive or developed symptoms, or four weeks from your first positive PCR if you did not have symptoms. If no, GO TO NEXT QUESTION

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

8. For persons aged 50 and over, pregnant, a healthcare worker, living in a long term residential care facility or aged 12-49 with a condition that puts them at high risk of serious illness from COVID-19 - has this person tested positive (with a PCR or antigen test) for COVID-19 in the last 4 months?

If yes, they should delay getting an additional or booster dose of COVID-19 for 4 months after diagnosis or onset of Symptoms. If no, GO TO NEXT QUESTION.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

9. Does this person have a bleeding disorder or are they on anticoagulation therapy?

If yes, they can still get a vaccine if they have a bleeding disorder or take anticoagulation medicines. But tell their vaccinator about their condition.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

10. Is this person 29 years of age or younger?

If yes, they can be offered a dose of Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5. If no, they can be offered either a dose of Comirnaty® or Comirnaty® RTU or Comirnaty® BA.1 or Comirnaty® BA.4 & BA.5 COVID-19 vaccines and Moderna (Spikevax®) or Spikevax® BA.1 or Spikevax® BA.4 & BA.5.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

11. For Moderna (Spikevax®) or Spikevax® BA.1 or Spikevax® BA.4 & BA.5. Has this person ever been diagnosed with capillary leak syndrome?

If yes, GO TO QUESTION 11a.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

11a. Has this person had a discussion on the risks and benefits of this vaccine with their GP or specialist doctor and they have approved the vaccine for them?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

12. Is this person pregnant and attending for a second booster or subsequent booster?

If yes, GO TO QUESTION 12a.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

12a. Are you either under 16 weeks or already had a first booster in this pregnancy?

If yes, you are ineligible. You need to wait until you are 16 weeks pregnant before you can get the second or subsequent booster unless you are otherwise eligible with other risk factors (see latest NIAC guidelines).

You only need one booster dose per pregnancy.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

13. For those receiving the 2nd COVID-19 booster vaccine aged 18-49 years who are healthy and are not healthcare workers or pregnant women or living in long term residential care facilities - has it been 6 months since your last COVID-19 booster vaccine or COVID-19 infection?

If yes, you can have the vaccine. If No, you need to wait 6 months after your 1st COVID-19 booster vaccine or COVID-19 infection

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

For booster doses Only

14. For your first round of COVID-19 vaccines (dose 1 and dose 2) did you receive Nuvaxovid for both doses or for booster and/or additional dose?

If yes, although there is no evidence regarding the safety and efficacy of booster doses of or after Nuvaxovid, this can be considered following an individual benefit-risk assessment.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



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For people aged 16 years and older

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

- 1. The individual has consented to 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.

For people aged 15 years and younger

Please note only a parent or legal guardian can consent or refuse consent for people aged 15 years and younger.
 I confirm that I am authorised to give consent on behalf of the above named young person.
 I understand I am giving consent for the administration of a dose or for the primary course consent for the administration of two or three doses of COVID-19 at the appropriate interval.

Signature Date (DD/MM/YYYY)

Name (Please print) (Please tick) Parent Legal Guardian Self

This Young person assents to receiving the vaccine (Please tick)

The consenting person gives consent for data to be processed (Please tick)

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Name of Vaccinator Registration Number / PIN / MCRN

Location of Vaccinator