

# Vickers TeamCare Consent for ASTRA ZENECA COVID 19 Vaccine

## Important information before your vaccination\*

- 12-14 days after the first dose of your vaccine, your vaccine is only about 30% effective at preventing serious infection from the Delta strain of COVID19.\*
- 7-14 days after your second vaccine, your vaccine is about 75-80% effective at preventing serious infection from the Delta strain of COVID19.\*
- Remember to continue to social distance, wear a mask and use hand sanitiser as you are not fully protected and can still transmit the virus if you are infected to the people around you who may not be vaccinated
- Side effects of the vaccine are generally mild. They may start on the day of vaccination, last for around 1-2 days, and include a sore arm, headache, fatigue, fever, aches, and pains.
- If you have symptoms of COVID 19 make sure you organise a COVID swab immediately or call us.
- Thrombosis with thrombocytopenia syndrome (TTS) is a very rare clotting disorder that can be a side effect of the ASTRA ZENECA. It affects around 20 per million people after the first vaccine and 1.7 per million after the second dose. If you would like to know more about TTS, please ask us before your vaccine.
- A record of your vaccine will be available through your medicare, MYGov and MyHealthRecord
- You will need to stay for 15 minutes following your vaccine and you will be given a handout with side effects to look out for.
- If this is your first vaccine, please book in for your second before you leave.

Please complete the questions below and sign or print and sign the consent for your vaccine

### Consent Checklist

	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, from a previous dose of a COVID-19 vaccine?		
Have you ever had mastocytosis which has caused recurrent anaphylaxis?		
Have you had COVID-19 before?		
Do you have a bleeding disorder?		
Do you take any medicine to thin your blood (an 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?		
Have you ever been diagnosed with capillary leak syndrome?		
Have you ever had cerebral venous sinus thrombosis?		
Have you ever had heparin-induced thrombocytopenia?		
Have you ever had blood clots in the abdominal veins (splanchnic veins)?		
Have you ever had antiphospholipid syndrome associated with blood clots?		

### Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination
- 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
- I agree to receive a course of COVID-19 ASTRA ZENECA vaccine

NAME

SIGNATURE

MEDICARE NUMBER

DATE OF BIRTH