

# COVID-19 Consent & Medical Eligibility

for an additional dose or booster dose 1 or 2 of COVID-19 vaccine



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:** Yes  No

**I) after having a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) 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.

**1b. Have you ever had a serious allergic reaction (anaphylaxis) to Trometamol (a contrast dye used in MRI radiological studies)?** Yes  No

If yes, they cannot get the Moderna (Spikevax®) vaccine. But they can have a different vaccine. Talk to your GP. If no, GO TO NEXT QUESTION.

**2. Have they ever had a serious allergic reaction (anaphylaxis):** Yes  No   
**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.

**3. Have they ever had Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues)** Yes  No

If yes, they can still get the vaccine, BUT, they should be observed for 30 minutes after they are vaccinated. GO TO NEXT QUESTION. If no, GO TO NEXT QUESTION.

**4. Have they had myocarditis (inflammation of the heart muscle) after having a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine?** Yes  No

If yes, they cannot get this vaccine. If no, GO TO NEXT QUESTION.

**5. Have they had pericarditis (inflammation of the lining around the heart) after having a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine?** Yes  No

If yes, GO TO QUESTION 5b. If no, GO TO NEXT QUESTION.

**5b. Since they had pericarditis (inflammation of the lining around the heart) after a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine, a specialist doctor must approve they get this vaccine.** Yes  No

Has their COVID-19 vaccination been approved by a specialist doctor?

If yes, GO TO NEXT QUESTION. If no, they cannot get this vaccine.

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Please answer the following questions with a yes or no answer

6. Have you tested positive (with a PCR or Antigen test) for COVID-19 in the last 3 months (6 months if aged 12-15) since you were fully vaccinated with a primary course or an additional dose if immunocompromised?

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

Or

Have you tested positive (with a PCR or Antigen test) for COVID-19 in the last 4 months if receiving your second booster.

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

If yes, and receiving a first booster you should delay getting the vaccine until it has been at least 3 months (6 months if aged 12-15) from your first positive PCR or Antigen test or your date of diagnosis.

Or

If yes, and receiving your second booster you should delay getting the vaccine until it has been at least 4 months from your first positive PCR or Antigen test or your date of diagnosis

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

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

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.

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

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

If yes, they can be offered a dose of Pfizer/BioNTech (Comirnaty®).

If no, they can be offered either a dose of Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®)

9. For moderna only Have you ever been diagnosed with capillary leak syndrome?

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

If yes, you need to answer a further question

9a. Have you had a discussion on the risks and benefits of this vaccine with your GP or specialist doctor and they have approved this vaccine for you?

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

10. Are you 64 years old or under?

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

If no you are eligible for a second booster if you are over 65 years old.

If yes and you are 12 years and over we need you to answer question 10b below

10b. Did you have a weak immune system called being immunocompromised due to illness or medication when you received you last booster?

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

If no you are not eligible for a booster talk to your doctor. If yes and you are 12 and older you are eligible for a second booster

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**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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 OFFICE USE ONLY

Name of Vaccinator

Registration Number  
/ PIN / MCRN