

Hurstville Highpoint Medical Centre

COVID-19 Pre-vaccination Screening Checklist and Consent Form

Name: _____ DOB: _____

YES	NO	PLEASE ANSWER THE FOLLOWING QUESTIONS:
		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, that following expert review was attributed to 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 had a COVID-19 vaccination before?
		Have you received any other vaccination in the last 7 days?

Relevant only for those receiving **AstraZeneca** COVID-19 vaccine:

		Have you ever been diagnosed with capillary leak syndrome?
		Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenic Syndrome (TTS), following a previous dose of a COVID-19 vaccine?
		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? *
		Are you under 60 years of age? *

Relevant only for those receiving **Comirnaty (Pfizer)**:

		Have you ever had myocarditis or pericarditis?
		Do you currently have, or have you recently had acute rheumatic fever or endocarditis?
		Do you have congenital heart disease?
		For people under 30 years of age: do you have dilated cardiomyopathy?
		Do you have severe heart failure?
		Are you a recipient of a heart transplant?

Consent to receive COVID-19 vaccine

I agree to receive a course COVID-19 vaccine (two doses of the same vaccine)

Patient Signature/Guardian: _____ Date: _____