COVID VACCINATION QUESTIONNAIRE VERSION Apr 24

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| --- | --- |
| PRINT NAME: |  |
| Date of Birth: | Age: |  |
| NHS number: |  |
| Phone number: | Post code: |  |
| Registered GP Practice: |  |
| Please circle: | BOOSTER  |

8 weeks is the recommended interval between 1st and 2nd doses, 3rd doses are recommended for immunocompromised individuals. Boosters must be at least 6 months after your last dose.

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| Tick all that apply:🞏 I am a carer 🞏 I am a social care worker🞏 I am a health care worker🞏 I work in a residential care home🞏 I live in a residential care home🞏 None of the above | Have you / your parent been given written information information? Yes / NoDo you consent to being vaccinated? Yes / No |

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| --- | --- | --- | --- |
|  | Yes | No | Unsure |
| Have you previously had a major blood clot and low platelet count following a covid-19 vaccine? |  |  |  |
| Have you had any vaccinations in the past 7 days? |  |  |  |
| Do you have a fever at the moment? |  |  |  |
| Have you ever had a serious allergic reaction to any ingredients of vaccines or drugs? |  |  |  |
| Have you ever had an unexplained severe allergic reaction (anaphylaxis)? |  |  |  |
| Have you ever had a serious reaction to a blood thinning injection andbeen told by the hospital that you cannot have it again? |  |  |  |
| Have you been involved in a trial of a covid vaccine or received a covid vaccine outside the UK? |  |  |  |
| Have you ever had capillary leak syndrome? |  |  |  |
| Are you pregnant? |  |  |  |
| Are you or have you been part of a coronavirus vaccine trial? |  |  |  |
| Are you taking blood thinning medication? |  |  |  |
| Do you have a bleeding disorder? |  |  |  |
| Do you currently have any symptoms of covid-19? |  |  |  |
| **Circle your ethnic category:****White:** White British White Irish Other White**Mixed:** White/Black Carribean White/Black African White/Asian Other Mixed**Asian / Asian British:** Indian Pakistani Bangladeshi Other Asian**Black / Black British:** Carribean African Other Black**Other:** Chinese Other **Prefer not to say** |
| Common side effects of the vaccine: Sore arm, tiredness, aches, headache, fever**Rare side effects:** Serious allergic reaction, blood clots, heart muscle inflammation  |
| FOR CLINICIAN USE ONLY: (CIRCLE) | Left / Right AZ/Pfizer Batch |
| Date: Time: | Clinician: |