COVID VACCINATION QUESTIONNAIRE VERSION Oct 25

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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 3 months after your last dose.

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| Tick all that apply:  🞏 75yrs old or have a chronic health condition  🞏 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 / No  Do 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 and  been 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: | | | |