

Name: _____

Medicare Number:													Reference Number:	
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Date of Birth:	
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About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from COVID-19.

There are two brands of vaccine in use in Australia. Both are effective and safe. Comirnaty (Pfizer) vaccine is preferred over COVID-19 vaccine AstraZeneca for adults under 50 years of age.

You need to have two doses of the same brand of vaccine. The person giving you your vaccination will tell you when you need to have the second vaccination.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild. They may start on the day of vaccination and last for around 1-2 days. As with any vaccine or medicine, there may be rare and/or unknown side effects.

A very rare side effect of blood clotting (thrombosis) with low blood platelet levels (thrombocytopenia) has been reported following vaccination with the COVID-19 Vaccine AstraZeneca. This is not seen after Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the Patient information sheet on AstraZeneca COVID-19 vaccine and thrombosis with thrombocytopenia syndrome (TTS).

Tell your healthcare provider if you have any side effects after your vaccination that you are worried about. You may be contacted by SMS within the week after receiving the vaccine to see how you are feeling after your vaccination.

Some people may still get COVID-19 after vaccination. You must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people
- washing your hands often with soap and water, or use hand sanitiser
- wear a mask
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- MyHealthRecord account

How the information you provide is used

For information on how your personal details are collected, stored and used visit:

<https://www.health.gov.au/covid19-privacy>.

On the day you receive your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

- Have had an allergic reaction, particularly anaphylaxis (a severe allergic reaction) to a previous dose of a COVID-19 vaccine, to an ingredient of a COVID-19 vaccine, or to other vaccines or medications.
- Are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. You may still have a COVID-10 vaccine, but may wish to consider the best timing of vaccination depending on your underlying condition and/or treatment.

Is there anything you want to discuss with the vaccine clinic before you receive your COVID-19 vaccine?

Medical History

	Yes	No	Unsure
Have you had an allergic reaction to a previous dose of a COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had anaphylaxis to another vaccine or medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a mast cell disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had COVID-19 before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medicine to thin your blood (anticoagulant therapy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a weakened immune system (immunocompromised)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been sick with a cough, sore throat, fever or are feeling sick in another way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a COVID-19 vaccination before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have received any other vaccination in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had cerebral venous sinus thrombosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had heparin-induced thrombocytopenia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had blood clots in the abdominal veins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had antiphospholipid syndrome associated with blood clots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you under 50 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read:

Australian Privacy Principle 5 – Privacy Collection Notice and Consent Form

The COVID-19 Vaccination Program is a public health initiative being established by the Australian Government Department of Health (**Department**) to assist in the response to the COVID-19 pandemic.

Collection of personal information by the Department

As part of the services being provided to you, the GP Respiratory Clinic at which you are receiving the COVID-19 Vaccine will need to collect personal information about you. This information will include your name, date of birth, address, Medicare number, your country of birth, what language you speak at home, your symptoms and other relevant medical information, information about your occupation and any international travel you have undertaken, whether you wish to identify as an Aboriginal and/or Torres Strait Islander person, and the results of any tests undertaken.

The personal information collected by the operator of the GP Respiratory Clinic will be uploaded to the Australian Immunisation Register (AIR). The AIR is a national register that records all vaccines given to all people in Australia. Further information about the AIR, including who is able to access your record on the AIR, is available at <https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register>. Uploading your vaccination details is required under section 10A of the Australian Immunisation Register Act 2015 (Cth).

Some of your information may be provided to the Department by the operator of the GP Respiratory Clinic, to assist the Department in responding effectively to the COVID-19 pandemic. Those activities may include, without limitation, communication with you, providing information to you relevant to the COVID-19 Vaccine, addressing threats to public health, developing public policy and advice, conducting research, and analysing trends. Your personal information will help the Department ensure the response to the COVID-19 pandemic is based on the best available evidence.

The Department may also arrange for some information about you to be provided to the Primary Health Network (PHN) responsible for your region, to enable the PHN to undertake its role in responding to the COVID-19 pandemic, including coordinating health services in your region. The Department will only provide information to PHNs which is reasonably required for the PHN to undertake this role.

Use and Disclosure

Your personal information is protected by law, including the *Privacy Act 1988* (Cth). The Department will only use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth).

You should be aware that the Department may disclose your personal information to other Commonwealth Government Agencies, State and Territory Agencies, State and Territory public health officials and other third parties (including contractors to the Department who are bound by obligations of confidentiality) for the above purpose. The Department may also use and disclose your personal information as needed for its government accountability and management functions and activities. When reasonably practicable, your personal information will be de-identified before disclosure. Further information about how the Department handles personal information is in the Department's privacy policy, which you can read at: <https://www.health.gov.au/using-our-websites/privacy>. You can also obtain a copy of the Department's privacy policy by contacting the Department using the details set out below.

Contact and Other Matters

The Department can be contacted by telephone on (02) 6289 1555 or freecall 1800 020 103 or by emailing privacy@health.gov.au.

The Department's privacy policy also contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles.

The Department is unlikely to disclose your personal information to overseas recipients. If the Department does so, for example, to assist in the global response to the COVID-19 pandemic, it will comply with the requirements of the *Privacy Act 1988* (Cth).

I have read the privacy consent form. I **AGREE** to the operator of the Murray Bridge GP Respiratory Clinic providing my personal information to the Department, and to the relevant Primary Health Network, for the purposes described above. I understand that I can contact the Department if I wish to withdraw my consent and, if I do so, the Department will not make any future use or disclosure of my personal information unless it is otherwise authorised or permitted by the Privacy Act 1988 (Cth).

I have read the privacy consent form. I **DO NOT AGREE** to the operator of the Murray Bridge GP Respiratory Clinic providing my personal information to the Department, and to the relevant Primary Health Network, for the purposes described above.

Consent

You will have the opportunity to verbally confirm your consent to receive the COVID-19 vaccination when you attend your appointment.

- 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 vaccine (two doses of the same vaccine)

Patients Name:	
Patients Signature:	

I am the patient's guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

Guardian/substitute decision-maker's name:	
Guardian/substitute decision-maker's signature:	

For provider use only

Dose 1:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 2:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	