**The Parks Medical Centre**

**Consent Form For Pfizer-bioTech Covid-19 vaccine.**

|  |  |
| --- | --- |
| **Patient’s Name:** |  |
| **Date of Birth:** |  |
| **PPS Number:** |  |
| **Contact Mobile:** |  |
| **Permission to Text to Mobile** |  |

**Please answer Yes or NO to the list of questions below and return to the surgery as soon as possible. Please tick the appropriate box.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| **1.** | Have you had a severe allergic reaction to a previous dose or component of an mRNA Covid 19 vaccine? |  |  |
| **2.** | Have you ever had an immediate allergic reaction to a previous dose or component of and mRNA Covid-19 vaccine. |  |  |
| **3.** | Have you ever had an immediate allergic reaction to polysorbate. |  |  |
| **4.** | Have you ever had a history of immediate allergic reaction to any other vaccine or injectable therapy? |  |  |
| **5.** | Have you presently any moderate to severe Acute illness or temperature. |  |  |
| **7.** | Do you have significant immunosuppression (reduced immunity) due to disease or treatment e.g. cancer or chemotherapy treatment? |  |  |

\**If you have answered* ***YES*** *to any of the above questions, you cannot have the Pfizer-Biotech Covid 19 vaccine. Please leave your form down to the surgery with as much detail as possible in particular if answering yes to any questions We will get back you either on the phone if there is an issue or a text message to the mobile number above confirming your appointment.Time and date is on the letter posted to you with this form.*

**Prior to attending appointment;**

* Please check your temperature prior to presenting for vaccination, if you have a temperature greater than 37.5C/99.5F, you cannot be vaccinated, so please do not attend the special vaccination clinic.

**Consent for Immunisation**

**Please tick & sign below**

|  |  |
| --- | --- |
| * I have read all of the above and understand it. |  |
| * I understand that it is advisable to remain in the surgery for 15 minutes after vaccination in case of the development of an allergic response. |  |
| * I consent to my details above being used for processing purposes with the HSE. |  |

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign below to consent**

* I consent to

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Constituents of the vaccine.**

Nucleoside-modified mRNA encoding viral spike (S) glycoprotein of SARS-CoV-2, 2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide, 1,2-distearoyl-sn-glycero-3-phophocholine, Cholesterol, (4-hydroxbutyl) azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate and sucrose.

The vaccine does not contain, eggs, gelatin latex or preservatives.

**Potential side effects of the vaccine.**

You may have some side effects which are normal signs that your body is building protection. These side effects may feel like flu and may affect your ability to do daily activities but they should go away in a few days. If you have side effects from the first vaccine still present for the second vaccine unless you medical professional advises you not to. Protection against the virus,requires two shots and is not optimal until 1-2 weeks after the second shot.

**Common side effects**

On the arm where you got the shot, pain swelling.

Throughout the rest of your body, fever, chills tiredness and headache.

**When to call the doctor**

If the redness or tenderness in the arm you got the shot increases after 24 hours

If your side effects are worrying out or do not seem to be going away after a few days.