NHS CARE

Adults

COVID-19 vaccination consent form

The COVID-19 vaccination will reduce the chance of you suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection. If you are currently pregnant, planning pregnancy or breastfeeding please read the detailed information at www.nhs.uk/covidvaccination

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. You will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.

Please read the product information for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card. You can also report suspected side effects on the same website or by downloading the Yellow Card app. Visit coronavirus-yellowcard.mhra.gov.uk

Full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number:
NHS number (if known):	Ethnicity:
Care home address:	Gender (circle as appropriate): Male Female Prefer not to say
GP name and address:	☐ I am a woman of childbearing age and I have read the leaflet on pregnancy and breastfeeding

Consent for a course of COVID-19 vaccination (please complete one box only)

I want to receive the full course of COVID-19 vaccination	I do not want to receive the full course of COVID-19 vaccination
Name	Name
Signature	Signature
Date	Date

If, after discussion, you decide that you do not want to have the vaccine, it would be helpful if you would give the reasons for this below/on the back of this form (and return to the provider).

Thank you for completing this form. Please return it as soon as possible.

Office use only

Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Brand of Vaccine	Immuniser name and signature (please print)	Where administered (care home, home, GP etc)
First	L arm	R arm				
Second	L arm	R arm				

Public Health England gateway number 2020370. Product code: COV2020376. 5 December 2020