**Individual Patient assessment and Consent (First Dose)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Date of birth** | |  | | |
| **NHS Number** |  | | **Gender** | |  | | |
| **Surname** |  | | | | | | |
| **Home address** |  | | | | | | |
|  | | **Postcode** | |  | | |
| **Staff Organisation/ Assignment No.** |  | | **Staff Group/Work location** | |  | | |
| **Assessors Name or another identifier:** | |  | | **ID** | |  | |
| **Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects** | | | | | | | |
| **Are you currently unwell with fever?** | | | **No** |  | | **Yes** |  |
| **Have you had any vaccination in the last 7 days?** | | | **No** |  | | **Yes** |  |
| **\* Have you ever had any serious allergic reaction?** | | | **No** |  | | **Yes** |  |
| **\* Have you ever been prescribed an adrenaline autoinjector such as an Epipen?** | | | **No** |  | | **Yes** |  |
| **Are you pregnant, breast feeding, or planning to be pregnant in the next 2 months?** | | | **No** |  | | **Yes** |  |
| **Are you on anticoagulant medication, or do you suffer with a bleeding disorder?** | | | **No** |  | | **Yes** |  |
| **§ Have you had confirmed Covid-19 infection in the last 4 weeks?** | | | **No** |  | | **Yes** |  |
| **# Are you or have you been in a trial of a potential coronavirus vaccine?** | | | **No** |  | | **Yes** |  |
| **Have you had a dose of Covid-19 vaccine in the previous 21 days?** | | | **No** |  | | **Yes** |  |
| **¶ Are you immunocompromised or taking immunosuppressant therapy?** | | | **Yes** |  | | **No** |  |
| **Have you been counselled re vaccine purpose and side effects? *(this will happen before you have your vaccination)*** | | | **Yes** |  | | **No** |  |
| **Do you consent to vaccination?** | | | **Yes** |  | | **No** |  |
| **Do you consent to upload of your data onto the National Immunisation Vaccination System (NIVS)?** | | | **Yes** |  | | **No** |  |
| **Patient consent signature (or representative if patient lacks capacity)** | | |  | | | | |
| **Date** | | |  | | | | |

**If any of the boxes in red are ticked, or any uncertainty arises from the responses, then a further review involving a senior nurse, pharmacist or doctor must take place. If doubt remains then the vaccine should not be given, with a subsequent review put in place as needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Vaccine Administrator (I.e. person giving the vaccine)** | **Vaccination Side** | **Signature of Administrator** | **Date** |
|  | **R L** |  |  |

**Notes for Clinician**

The prescriber should be aware of the MHRA Conditions of authorisation and the vaccine’s contraindications, together with the advice from JCVI regarding the avoidance of pregnancy within 2 months of the second dose of vaccine: <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

*\* Any person with a history of immediate-onset anaphylaxis to a vaccine, medicine or food should not receive the Pfizer BioNTech vaccine. A second dose of the Pfizer BioNTech vaccine should not be given to those who have experienced anaphylaxis to the first dose of Pfizer BioNTech vaccination.*

*# Any person who has been involved in a coronavirus trial should be advised to contact the trial organisers to seek guidance on whether or when vaccination should take place.*

Taking anticoagulants or a bleeding disorder is not a contraindication to intramuscular injections, but the recipient needs to be aware that they may have increased bruising and be advised to apply pressure. Those with bleeding disorders may wish to time vaccination to occur shortly after appropriate therapies. Please also refer to the relevant chapter in the Green Book – Chapter 14a. <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

§ Vaccination should be deferred in those with confirmed infection to avoid onward transmission and confusing the differential diagnosis. As clinical deterioration can occur up to two weeks after infection, ideally vaccination should be deferred until clinical recovery and at least four weeks after onset of symptoms or four weeks from the first positive specimen in those who are asymptomatic.

¶ The Green book identifies individuals who are immunosuppressed due to disease or treatment as those who are at increased risk of morbidity and mortality from COVID-19 and should therefore receive the vaccine. However, such individuals may not make a full antibody response and should continue to follow advice to avoid exposure unless they are advised otherwise by their doctor.