

Name: PPSN:

Checklist to support you answering Covid-19 eligibility questions

These will be Yes/No answers

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| <p>1. Have you had Anaphylaxis (serious allergic reaction requiring medical intervention) following a previous dose of the vaccine or any of it's constituents?</p> <p>If yes you are not eligible for the vaccination at this time. See patient information leaflet.</p> | <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
| <p>2. Have you been diagnosed with Covid-19 within the last four weeks</p> <p>If yes, you will not be eligible for vaccination until four weeks after your Covid-19 diagnosis.</p> | <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
| <p>3. Have you had another vaccine within the last 14 days?</p> <p>If yes, you will not be eligible until vaccine 14 days after your last vaccination.</p> | <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
| <p>4. Do you have a bleeding disorder or are you on anticoagulation therapy?</p> <p>No action on either yes or no, knowledge transfer to vaccinator.</p> | <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
| <p>5. Are you less than 14 weeks or more than 33 weeks pregnant?</p> <p>If yes, you are not eligible for vaccination at this time.</p> <p>If no, but you are more than 14 weeks and less than 33 weeks pregnant and consenting to vaccination, before vaccination happens please discuss the risks and benefits of receiving the vaccine with your obstetric care provider and confirm with them that you are at the correct stage of pregnancy to receive the vaccine</p> | <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> |



HSE COVID 19 Vaccination Checklist

Name: PPSN:

Checklist to support you answering Covid-19 consent questions

One of these options is appropriate when establishing consent (please tick as appropriate)

1. The individual has consented to the vaccination for Covid-19 and has been provided with written information,

OR

2. The individual does not agree with COVID-19 vaccination and should not be vaccinated,

OR

3. The individual cannot consent and they are being vaccinated for Covid-19 according to their benefit and will and preference, **AND**

The above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.