



Name _____

Date of Birth _____

Signature _____

COVID Vaccine checklist

YES	NO	
		Have you read the vaccine consent information and watched the vaccination video on the website cottagesurgery.com.au? <i>*This is required before vaccination can continue</i>
		Have you had an allergic reaction to a previous dose of a COVID 19 vaccine?
		Have you had an ANAPHYLAXIS reaction to another vaccine or medication?
		Have you had a serious adverse event, which following expert review, is attributed to a previous dose of a COVID 19 vaccine?
		Have you ever had mastocytosis which causes recurrent anaphylaxis?
		Have you ever had COVID 19 before?
		Do you have a bleeding disorder?
		Do you take any medications which thin the blood (anticoagulant therapy)?
		Do you have a weakened immune system (immunocompromised)?
		Are you pregnant?
		Are you sick with a fever, sore throat, fever or sick in another way?
		Have you had a COVID 19 vaccine before?
		Have you received any other vaccine within 7 days?
		<i>RELEVANT ONLY TO THOSE RECEIVING THE ASTRAZENECA COVID19 VACCINE:</i>
		Have you been diagnosed with capillary leak syndrome?
		Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia including Thrombosis with Thrombocytopenia Syndrome (TTS) following a previous dose of a COVID 19 vaccine?
		Have you ever had cerebral sinus venous thrombosis?
		Have you ever had heparin induced thrombocytopenia?
		Have you ever had blood clots in your splanchnic veins (abdominal veins)?
		Have you ever had antiphospholipid syndrome associated with blood clots?
		Are you under age 60?
		<i>RELEVANT ONLY TO THOSE RECEIVING THE PFIZER COVID19 VACCINE</i>
		Have you ever had myocarditis or pericarditis?
		Do you currently have or have recently had acute rheumatic fever or endocarditis?
		Do you have congenital heart disease?
		For people under 30 years of age, do you have dilated cardiomyopathy?
		Do you have severe heart failure?
		Are you a recipient of a heart transplant?