



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature (patient or Guardian) \_\_\_\_\_

## COVID Vaccine checklist

Which COVID vaccine dose are you having (please circle)    1<sup>st</sup>                      2<sup>nd</sup>                      3<sup>rd</sup>                      4<sup>th</sup>

YES	NO	
		Have you read the vaccine consent information, watched the vaccination video on the website cottagesurgery.com.au or discussed the vaccine with your doctor? <b><i>*This is required before vaccination can continue</i></b>
		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? – how long ago?
		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?
		<b>RELEVANT ONLY TO THOSE RECEIVING THE ASTRAZENECA COVID19 VACCINE:</b>
		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?
		<b>RELEVANT ONLY TO THOSE RECEIVING THE PFIZER COVID19 VACCINE</b>
		Have you ever had myocarditis or pericarditis? – <i>if yes, check with your cardiologist re timing of COVID vaccination if you have had myocarditis or pericarditis within 6 months</i>
		Do you currently have or have recently had acute rheumatic fever or endocarditis? – <i>if yes, check with your cardiologist re timing of COVID vaccination</i>
		Do you have congenital heart disease?
		For people under 30 years of age, do you have dilated cardiomyopathy?
		Do you have severe heart failure? – <i>if yes, check with your cardiologist re timing of COVID vaccine if you have acute decompensated heart failure</i>
		Are you a recipient of a heart transplant?