COVID-19 VACCINATION

COVID-19 vaccine

Consent form

Easy Read version

How to use this form

The Australian Government wrote this form. When you see the word 'we', it means the Australian Government.

We wrote this form in an easy to read way.

We use pictures to explain some ideas.

You can ask for help to read this form. A friend, family member or support person may be able to help you.

What's in this form?

What is this consent form for?

When you give your **consent**, you say it is ok for someone to do something.

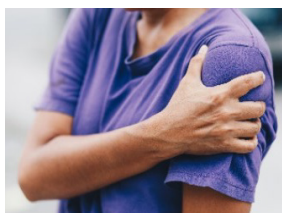We need to ask for your consent before we give you a COVID-19 **vaccine**.

A vaccine is a type of medicine that:

- helps people fight a virus if they come into contact with it

- can stop people from getting very sick from the virus.

A **vaccination** is when you receive an injection of the vaccine. This is done with a needle.
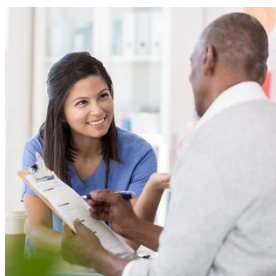
The needle might hurt a little bit.

What do we need consent for?

We are asking you for consent to give you a COVID-19 vaccination.

You might have already had a COVID-19 vaccination.

But we must ask for your consent each time.

Before we ask you for consent, we must tell you about:

- the COVID-19 vaccine

- what to expect after your vaccination.

You can ask questions:

- before you give consent

- at any time.

When you are ready to give consent, we will ask you to:

- answer the questions in this form

- sign this form.

If you can't give consent, someone else can give consent for you.

For example, your **guardian** or someone who helps you make decisions.

A guardian is a person who acts and makes decisions for you.

Your guardian might be:

- a member of your family

- a friend

- chosen for you by the government.

Side effects after your vaccination

We have 3 COVID-19 vaccines:

- the AstraZeneca vaccine – also called Vaxzevria

- the Pfizer vaccine – also called Comirnaty

- the Moderna vaccine – also called Spikevax.

Research shows these 3 COVID-19 vaccines:

- are safe

- work well.

After your vaccination, you might feel **side effects**.

A side effect is something that happens to some people after they take medicine.

We explain all of the side effects in an Easy Read fact sheet on the Department of Health website.

www.health.gov.au/resources/publications/ covid-19-vaccination-side-effects-you-might- have-after-your-vaccination-easy-read

After your vaccination

We might contact you after your vaccination to check how you are feeling.

There is a chance you still might catch COVID-19 after you get the COVID-19 vaccine.

But you won't get as sick from the virus.

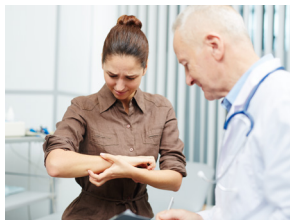You must still follow the rules about staying safe.

Questions about you

We must ask you some questions.

If you answer 'Yes' to any of these questions, you should wait and talk to your doctor before getting your vaccination.

An **allergic reaction** is when your body reacts to something, such as food or medicine.
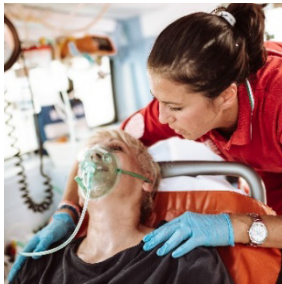
An allergic reaction could be:

- an itchy rash

- finding it hard to breathe

- your lips or tongue getting bigger

- your heart beating faster.

Have you had an allergic reaction to a COVID-19 vaccine before?

☐ Yes   ☐ No

Anaphylaxis is a strong allergic reaction.

Have you ever had anaphylaxis from:

- a vaccine?

- medicine?

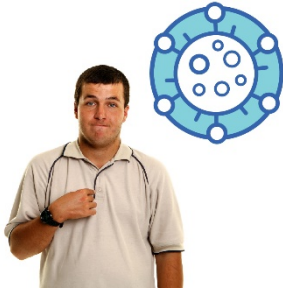☐ Yes   ☐ No

Have you ever had a serious side effect to a COVID-19 vaccine?

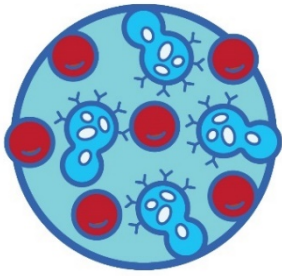☐ Yes   ☐ No

Have you ever had COVID-19?

☐ Yes   ☐ No

Mastocytosis is a rare disease where you have too many mast cells in your body.

Mast cells are a type of blood cell.

It can cause anaphylaxis.

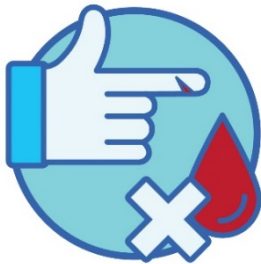Have you ever had mastocytosis?

☐ Yes   ☐ No

When blood gets thick, we call it a **blood clot**.

There are safe blood clots, like when you get a small cut and it stops bleeding.

But there are also blood clots that are not safe.

Have you ever had a condition that makes it hard for your blood to clot?

☐ Yes   ☐ No
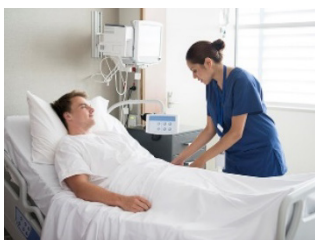
Do you take any medicine to make your blood thinner?

☐ Yes   ☐ No

Has your doctor ever told you that you have a weak immune system?

☐ Yes   ☐ No

Are you pregnant?

☐ Yes   ☐ No

Have you felt sick in the last 14 days?

This includes a:

- cough

- sore throat

- fever.

☐ Yes   ☐ No

Have you had any other vaccines in the last 7 days?

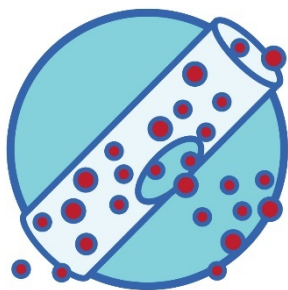☐ Yes   ☐ No

If you are getting the AstraZeneca vaccine

Are you 60 years old or younger?

☐ Yes   ☐ No

Capillary leak syndrome is a condition that can cause your blood to leak out of your veins.
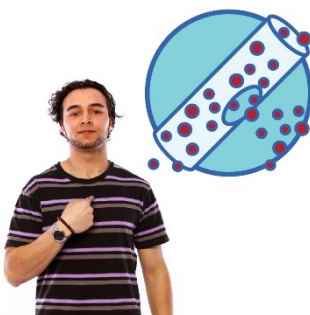
Has your doctor ever told you that you have capillary leak syndrome?

☐ Yes   ☐ No

Some conditions can cause serious blood clots that are not safe.

These conditions include:

- heparin-induced thrombocytopenia

- splanchnic veins

- antiphospholipid syndrome

- cerebral venous sinus thrombosis.

Have you had cerebral venous sinus thrombosis within 42 days of getting a dose of the AstraZeneca vaccine?

☐ Yes   ☐ No

Have you ever had another condition that causes serious blood clots?

☐ Yes   ☐ No

If you said 'Yes' to the last question, which condition did you have?

If you are getting the Pfizer or Moderna vaccine

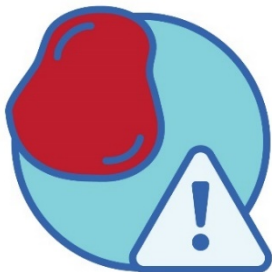**Heart inflammation** can make your heart:

- grow a bit bigger

- work a bit harder.
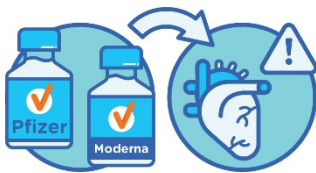
Have you had heart inflammation after getting a dose of the Pfizer or Moderna vaccine?

☐ Yes   ☐ No

Has your doctor told you that you have had heart inflammation in the past 6 months?

☐ Yes   ☐ No

Endocarditis is an infection in your heart.

Has your doctor told you that you have had endocarditis in the past 6 months?

☐ Yes   ☐ No

Rheumatic fever is an infection.

When it affects your heart, it's called **rheumatic heart disease**.

Has your doctor told you that you have:

- rheumatic fever?

- rheumatic heart disease?

☐ Yes ☐ No
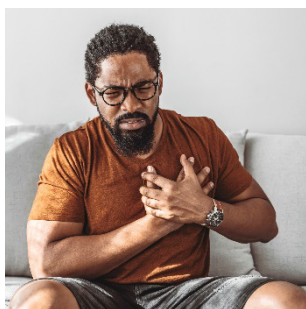
Has your doctor told you that you have a serious heart condition?

☐ Yes ☐ No

Information about you

We need to collect some information about you.
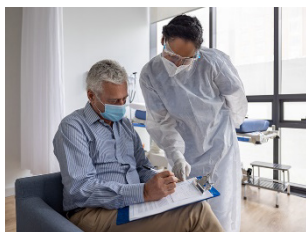
We can help you fill out this information.

What is your name?

[ ]

If you have one, what is your Medicare number?

[ ]

If you don't have a Medicare number, you might have an Individual Health Identifier (IHI) number.

If you have one, what is your Individual Health Identifier (IHI) number?

What is your date of birth?

What is your address?

What is your phone number?

What is your email address?
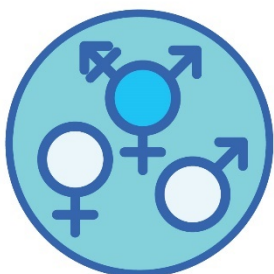
Your **gender** is what you feel and understand about who you are as a person.

It isn't about whether your body is male or female.

What is your gender?

What language do you speak at home?

What country were you born in?

Are you an Aboriginal or Torres Strait Islander?

☐ Aboriginal

☐ Torres Strait Islander

☐ Both

☐ Neither

☐ I don't want to answer

Information about the person who supports you

We need to collect some information about the person who is supporting you to get your vaccination.

What is their name?

What is their phone number?

What are you agreeing to?

Please sign this form to tell us you agree to the information on the following pages.

I have read the information in this form, or someone has helped me read it.

☐ Yes   ☐ No
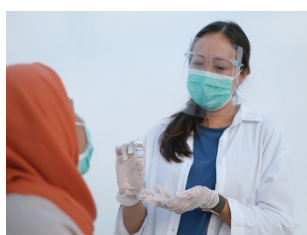
Someone has told me about the COVID-19 vaccine.

I understand what they told me.

☐ Yes   ☐ No

I don't have any of the conditions in this document.

Or, if I do, I have talked to my doctor about what I should do.

☐ Yes   ☐ No

I agree to receive:

- 2 doses of the same COVID-19 vaccine

    ☐ Yes   ☐ No

or

- a booster of a COVID-19 vaccine

    ☐ Yes   ☐ No

or

- a third dose of a COVID-19 vaccine,
  if your doctor says you need it

    ☐ Yes   ☐ No

Please read and sign this page.

I understand and agree to everything in this form.

Your name

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Your signature

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The date today

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If you have a guardian or someone who helps you make decisions, they need to sign this form too.

Their name

Their signature

The date today

How will we use your information?

The government will use your information in the **Australian Immunisation Register** (the Register).

The Register is a record of who has vaccinations in Australia.

You can see what information about you is in the Register on your vaccination record.

No one else can see your information on the Register unless you say they can.

You can see your vaccination record online in your:

- Medicare account

- MyGov account

- MyHealthRecord account.

Information about your doses

This part of the consent form is for the person who is giving you your COVID-19 vaccine.

Dose 1:

Date:	
Time:	
COVID-19 vaccine brand:	
Batch number:	
Serial number:	
Where the vaccine injection was:	
Name of vaccination service provider:	

Dose 2

Date:	
Time:	
COVID-19 vaccine brand:	
Batch number:	
Serial number:	
Where the vaccine injection was:	
Name of vaccination service provider:	

Dose 3 or a booster dose

Date:	
Time:	
COVID-19 vaccine brand:	
Batch number:	
Serial number:	
Where the vaccine injection was:	
Name of vaccination service provider:	

More information

You can call the Disability Gateway on **1800 643 787**.

They are open from 8 am to 8 pm, Monday to Friday.

You can visit the Department of Health website at **www.health.gov.au** for more information about the vaccine.

You can call the National Coronavirus and COVID-19 Vaccine Helpline on **1800 020 080**.

If you need information in a language other than English, call the Translating and Interpreting Service on **131 450**.

If you are deaf, or have a hearing or speech impairment, you can call the National Relay Service on **133 677**.

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