

12 March 2021

REMINDER REGARDING COVID-19 VACCINATION CONSENT FORMS

Dear family member/friend,

We recently wrote to you regarding [Australia's COVID-19 Vaccination Program](#), with [Phase1a](#) currently rolling out across Residential Aged Care facilities.

UnitingSA is still awaiting notification from SA Health regarding the timing of our onsite vaccination clinics, however we expect to receive between two and seven days' notice from the government before each of our clinics are held.

Thank you to those of you who have already returned the 'Consent Form for COVID-19 Vaccination'.

As previously mentioned, I encourage residents, families and representatives to familiarise themselves with the below documents in order to make an informed decision about COVID-19 vaccination:

- [Information sheet for residents, families and representatives](#)
- [About the COVID-19 Pfizer vaccine](#)
- [What residents, families and representatives can expect on vaccination day](#)
- [After your COVID-19 vaccination](#)
- [Frequently asked questions](#)

I would like to reinforce that the Therapeutic Goods Administration continues to monitor the safety and effectiveness of the vaccine in older people and, despite recent media coverage of this topic, has not detected any safety concerns to date.

UnitingSA will continue to follow the advice of government and health authorities in regard to the COVID-19 vaccination rollout, however I strongly encourage you to contact your loved one's treating medical practitioner or GP to discuss the benefits and risks of vaccination before arriving at a decision.

If your loved one still wishes to be vaccinated against COVID-19, we encourage you to return this consent form to your Aged Care home (either in-person or via email) as soon as possible.

Printed copies are available from your home's Reception, or you can download the form here:

www.health.gov.au/sites/default/files/documents/2021/02/covid-19-vaccination-consent-form-for-covid-19-vaccination_2.pdf

For more information about Australia's COVID-19 Vaccination Strategy, visit www.health.gov.au/initiatives-and-programs/covid-19-vaccines.

Yours sincerely,



Sue Krake
Executive Manager Aged Care, UnitingSA



Australian Government



Consent form for COVID-19 vaccination

About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19.

The COVID-19 vaccination is free. You choose to have the vaccination or not.

To be vaccinated you will get a needle in your arm. You need to have the vaccination two times on different days. There are different brands of vaccine. You need to have the same brand of vaccine both times. The person giving you your vaccination will tell you when you need to have the second vaccination.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild and don't last for long. As with any vaccine or medicine, there may be rare and/or unknown side effects.

You can also tell your healthcare provider if you have any side effects like a sore arm, headache, fever or something else. If you have a side effect that worries you, please call your doctor. You may be contacted within the week after receiving the vaccine to see how you are feeling after vaccination.

Some people may still get COVID-19 after vaccination. So you must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people
- washing your hands often with soap and water, or use hand sanitiser
- wear a mask, if your state or territory has advised you should
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- MyHealthRecord account.



How is the information you provide at your appointment used

For information on how your personal details are collected, stored and used visit <https://www.health.gov.au/covid19-vaccines>

On the day you receive your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

- Have any allergies, particularly anaphylaxis (a severe allergic reaction). An allergy is when you come near or in contact with something and your body reacts to it and you get sick very quickly. This may include things like an itchy rash, your tongue getting bigger, your breathing getting faster, you wheeze or your heart beating faster.
- If you have an Epi Pen or have had one before.
- If you are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. Sometimes a disease like diabetes or cancer can cause this or certain medicines or treatments you take, such as medicine for cancer.

Yes No

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any serious allergies, particularly anaphylaxis, to anything, or carry or have been prescribed an adrenaline autoinjector (EpiPen)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an allergic reaction after being vaccinated before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had COVID-19 before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take any medicine to thin your blood (an anticoagulant therapy)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a weakened immune system (immunocompromised)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant (having a baby) or think you might be pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to get pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you breastfeeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been sick with a cough, sore throat, fever or are feeling sick in another way? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a COVID-19 vaccination before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have received any other vaccination in the last 14 days? |

Please talk to your doctor if you have any questions or concerns before getting your COVID-19 vaccination.

Patient information

Name:	
Medicare number:	
Date of birth:	
Address:	
Phone contact number:	
e-mail:	
Sex:	

Are you Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
 Yes, Torres Strait Islander only
 Yes Aboriginal and Torres Strait Islander
 No
 Prefer not to answer

Next of kin (in case of emergency):	
Name:	
Phone contact number:	

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination
- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider
- I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)

Patient's name:	
Patient's signature:	
Date:	

- I am the patient's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

Legal guardian/substitute decision-maker's name:	
Legal guardian/substitute decision maker's signature	
Date:	

For provider use:

Dose 1:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

Dose 2

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	