

# BANK PLACE CLINIC COVID-19 VACCINATION CONSENT FORM FOR PATIENTS UNDER 16 YRS

Name on Passport: ..... PPSN (mandatory): .....

**Part 1: Please answer all of the following questions:**

Question	Answer Y/N as appropriate	Action based on response given to Question
Have you had Anaphylaxis (serious systemic allergic reaction requiring medical intervention) following a previous dose of the vaccine or any of its constituents, including polyethylene glycol?		If <b>yes</b> , you are <b>not</b> eligible for vaccination at this time
Have you been diagnosed with COVID-19 within the last 4 weeks?		If <b>yes</b> , you will <b>not</b> be eligible for vaccination until 4 weeks after your COVID symptoms finished
Do you have a bleeding disorder or are on anticoagulation therapy?		No action on either yes or know, knowledge transfer to vaccinator
Are you less than 14 weeks pregnant?		If <b>yes</b> , you are <b>not</b> eligible for vaccination at this time. If no and if you are more than 14 weeks pregnant and consenting to vaccination, please bring a letter from your obstetric care giver confirming you may receive the vaccine

**Part 2: Please read the accompanying vaccine information leaflet and tick appropriate box below:**

<b>Yes</b>	
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- I have read and understand the vaccine information provided, including known side effects.
- I understand the COVID-19 vaccine is not recommended during pregnancy.
- I understand that I am giving consent for the administration of two doses of COVID-19 vaccine at the appropriate interval

<b>No</b>	
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- No, I do not consent to be vaccinated to protect against COVID-19. I have read and understood the accompanying vaccine information provided including the risks of not vaccinating.

Signed:.....

Date:.....

**(SIGNED BY PARENT/GUARDIAN IF UNDER AGE OF 18 YEARS)**

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Patient Information	Mandatory/ Optional	
Forename	M	
Surname	M	
Middle Name	Optional	
Otherwise known as (Alias)	Optional	
Gender	M	
Date of Birth	M	
PPSN	M	
Parents Mobile Number	M	
Parents Email	M	
Home Address Line 1 (Full Street Address)	M	
Home Address Line 2 (City)	M	
Eircode	Optional	