

NHS FORTH VALLEY OCCUPATIONAL HEALTH SERVICE

Covid-19 IMMUNISATION CONSENT

STRICTLY CONFIDENTIAL

PLEASE PRINT

Surname..... Forenames..... Date of Birth

Job Title:

Ward/Department: Site:

Work Tel No..... Mobile No:

Work Email address (NHS email address only).....

Home Address:

Home Post code.....

Prior to vaccination please answer the following questions ticking Yes or No.

QUESTION	YES	NO	DETAILS
Female Staff Are you pregnant, breastfeeding or trying to become pregnant?			IF YES PLEASE DISCUSS WITH YOUR IMMUNISER
Are you presently in good health?			
Do you have a high temperature?			
Have you had any immunisations in the last 6 months? If yes, what and which date?			
Have you been diagnosed as being COVID positive in the last 4 weeks?			IF YES VACCINE SHOULD BE DEFERRED
Do you have a history of an anaphylactic allergy to any constituent of the COVID vaccine (these are listed in the product leaflet) or any significant allergic reaction to a vaccine, medicine or food? Do you carry an adrenaline auto injector?			

I, the undersigned, (please tick)

- Have read the information concerning vaccination and have agreed to undertake it
- I understand and consent to having a course of two vaccines
- To help protect me at work I agree to The Occupational Health Service being notified that I have been immunised by my GP practice team
- I agree where required, to this information being sent on to my G.P

Signature: _____ Date _____

FOR OHS USE ONLY

1 st Dose	Date given	Site of injection (please circle)	Manufacturer and batch number	Reconstitution date and time and by whom	Expiry date	Administrator
Covid-19 Vaccine		Left Deltoid Right Deltoid				
2 nd Dose	Date given	Site of injection (please circle)	Manufacturer and batch number	Reconstitution date and time and by whom	Expiry date	Administrator
Covid-19 Vaccine		Left Deltoid Right Deltoid				