If applicable, care home name ……

Staff		Resident		Housebound		Other	

Lichfield PCN Covid 19 Vaccination Site

Practice Name: WESTGATE

Administration of: Pfizer BioNTech COVID-19 mRNA Vaccine - tick as appropriate ☐

Administration of: OXFORD Astra Zeneca Vaccine – tick as appropriate ☐

Name		**Surname**	
Date of Birth		**NHS Number**	
Home Address Including Postcode			

Please tick to confirm this is for your **BOOSTER (THIRD DOSE)** of COVID Vaccine	
Your most recent COVID Vaccine	Brand: Date Given:

The person presenting for vaccination must answer all the questions below (especially in relation to allergies) and confirm that they have received appropriate counselling as to the purpose of the vaccine, side effects and that they wish to proceed to vaccination.

	Pre-vaccination screening	**Please circle**	**Helpful notes**
1.	Have you experienced major issues (seen in hospital) following vaccination with any Covid-19 vaccine?	Y / N	
2.	Do you have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?	Y / N	
3.	Have you ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?	Y / N	If you have had an anaphylactic reaction to a vaccine, you are advised to seek medical advice before having the Covid 19 vaccine. Allergies to food and/or drugs are not a definite contraindication, but you can discuss this when you attend the centre.
4.	Have you ever had an unexplained anaphylaxis reaction?	Y / N	
5.	Have you a history of capillary leak syndrome?	Y / N	
6.	Have you had any vaccination in the last 7 days?	Y / N	
7.	Are you pregnant or could be pregnant?	Y / N	
8.	Have you participated, or currently participating in a trial of a potential coronavirus vaccine?	Y / N	
9.	Do you have any symptoms of Covid-19 Infection?	Y / N	
10.	Are you taking any anticoagulant medication or have a bleeding disorder?	Y / N	If yes, please advise what you take.
11.	**Warfarin Therapy Reviewed by GP and suitable to receive vaccination**		*Name and Signature of GP:*

Batch No	**Expiry date**	**Use by date**	**Vaccine administered by**	**Vaccine constituter**	**Date and time**	**Site of injection**