

Individual Patient/Staff assessment to be used in conjunction with the National PGD version 2 (issued 20.09.2021)
for the administration of Comirnaty COVID-19 mRNA Vaccine.

UHNM PGD 42/21 VERSION 2 ADAPTED LOCALLY FROM NATIONAL PGD

Full First Name:

Surname:

Job Role:

Home Address:

Home Postcode:

Date of Birth: / / NHS Number:

GP Name and Postcode:

Site/Employer (please tick)

UHNM Combined H/C Sodexo Student Other

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

1	Have you had any vaccination in the last 7 days?	Y/N	<p>Pregnancy JCVI has advised that women who are pregnant should be offered vaccination. There is extensive post-marketing experience of the use of the Pfizer BioNTech and Moderna vaccines in the USA with no safety signals. Over 50,000 women now report having been vaccinated whilst pregnant. Because of wider experience with mRNA vaccines, these are currently the preferred vaccines to offer. For full advice see the GREEN BOOK. Clinicians should discuss the risks and benefits of vaccination with the woman. Please see PHE leaflet, COVID-19 vaccination: women of childbearing age, currently pregnant or breastfeeding. Staff who are trying to become pregnant do not need to avoid pregnancy after vaccination.</p> <p>Breastfeeding There is no known risk associated with giving non-live vaccines whilst breastfeeding. Woman should be informed about the absence of safety data for the vaccine in breastfeeding.</p> <p>Anaphylaxis On 30.12.2020, the Commission on Human Medicines recommended that, following a review of further data, anyone with a previous history of allergic reactions to the ingredients of the Pfizer-BioNTech vaccine should not receive it, but those with any other allergies such as a food allergy can now have the vaccine.</p>
2	Are you currently unwell with a fever?	Y/N	
3	Have you ever had any serious allergic reaction to any ingredients of the COVID-19 vaccines, drugs or other vaccine?	Y/N	
4	Have you ever had an unexplained anaphylaxis reaction?	Y/N	
5	Are you, or could you be pregnant?	Y/N	
6	Have you tested positive for COVID in the last 28 days?	Y/N	
7	Are you taking anticoagulation medication, or do you have a bleeding disorder?	Y/N	
8	Do you have any symptoms of COVID-19?	Y/N	
9	Have you experienced myocarditis or pericarditis determined to be related to a previous COVID-19 vaccine?	Y/N	

By signing below, I consent to receive my Booster COVID-19 Vaccination

ONE DOSE of Comirnaty COVID-19 mRNA Vaccine – 30micrograms in 0.3mls of the diluted vaccine by Intra-Muscular Injection

Date of COVID Vaccine Dose 2

Signature

Date

If, after discussion you decide you do not want the vaccine, it would be helpful you give the reasons for this below (and return to the provider).

Location of Vaccination

Royal Stoke Hospital , Ward 75

County Hospital, Orange Outpatients

Name of Vaccinator	Signature of Vaccinator	Registration Number	Date of Vaccination	Site of Injection	Batch Number/Expiry date
				R arm L arm	

Vaccinator Comments (including advice given if excluded or declines vaccination)