

COVID 19 VACCINATION ELIGIBILITY CHECKLIST

IMPORTANT INFORMATION ABOUT COVID-19 VACCINATION (Pre Vaccine Advice)

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 whether 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. Benefits of vaccine is to protect you against Covid 19 however you may decline having it. Physical distancing. Handwashing and mask wearing is still required. For more information visits <https://www.healthdirect.gov.au/coronavirus>

ALL PATIENTS ARE REQUIRED TO DO ELIGIBILITY CHECK ON

<https://covidvaccine.healthdirect.gov.au/eligibility?lang=en>, print out and complete with and complete below consent form

Post Vaccine Advice: TODAY YOU HAVE RECEIVED ASTRAZENECA

Health Education: Pt is to wait for 15-30mins as reactions (anaphylactic reaction or severe allergic reaction) usually occur within 20-30mins time frame: What to look out for while waiting post vaccines or at home are rashes, difficulty breathing, increased heart rate, stridor, swollen tongue and lips, wheezes and poor peripheral perfusion at the lower extremities. Patient advice to alert nurse if experiencing any of these signs or call 000 if at home.

What to expect after vaccination

Common side effects after COVID-19 Vaccine AstraZeneca include: pain, swelling, tenderness, redness or itching at the injection site, tiredness, headache, muscle pain, nausea, chills, fever, feeling unwell, joint pain.

Less common side effects after **COVID-19 Vaccine AstraZeneca** include: enlarged lymph nodes, pain in limb, dizziness, decreased appetite, stomach pain. This vaccines are not known to cause respiratory symptoms like running nose, cough or other respiratory symptoms, you are require to isolate or have COVID -19 test done (contact your GP or phone 1800020653)

Non Urgent Symptoms

Safety Monitoring and reporting: Contact your GP or visit the reporting suspected side effects associated with a COVID-19 vaccine www.tga.gov.au/reporting-problem or Reports can be made via [online form](#), email (adr.reports@tga.gov.au) or by phone (1800 020 653). Providers and recipients can report to the NPS MedicineWise Adverse Medicine Events line on 1300 134 237 (9am–5pm Monday–Friday). There is also a possibility of having COVID-19 despite the vaccination however it increases your immunity and reduce death rate by 74%.

Remember your second appointment: It is important that you receive two doses of COVID-19 Vaccine AstraZeneca, **about 12 weeks apart**. The second dose is likely to prolong the duration of protection against COVID-19.

NAME: _____ D.O.B: ____ / ____ / _____

Medicare Number: _____

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COVID-19 Vaccine Immunization Questionnaire: Am I Eligible? CHECK YOUR ELIGIBILITY ONLINE BEFORE COMING : click here: https://covid-vaccine.healthdirect.gov.au/eligibility?lang=en	
Have you had a COVID-19 vaccination previously?	YES or NO (If yes, Do not get COVID 19 vaccine until verified .TALK TO YOUR Doctor, we need to verify date vaccine was given and when due for dose 2)
Are you elderly adults aged 70years and over?	Yes or No (If Yes, you may be eligible), answer all Questions:(Proof of ID or passport
Are you Healthcare workers	Yes or No? (If yes ,You may be eligible) answer all Questions PHASE 1B Declaration form,; Proof of Occupation(ID Card&letter from employer
Are you ATSI adults over 55 years?	Yes or No? (If Yes ,You may be eligible) answer all Questions: Self Identification required
Are 18 years and over??	Yes or No? Proof of ID:Medical records, clinic record
Do you have Medical Conditions including Disability?	Yes or No(If Yes ,You may be eligible) answer all Questions :Proof Of ID : ID card, Carer Documentation
Are You Critical or high risk Workers about to be deployed overseas on official Gov duty?	Yes or No(If Yes ,You may be eligible) answer all Questions
Did you have an anaphylactic reaction to that vaccine?	YES or NO (If yes, then vaccination is contraindicated and CANNOT be given)
Do you have any serious allergies, particularly anaphylaxis, to anything?	YES or NO (If yes the vaccination cannot be given)
Have you received another vaccine in the last 14 days?	YES or NO (If yes, then COVID-19 vaccination is not routinely recommended 14 days apart advised to minimise potential adverse events and maximise vaccine efficacy)
Are you acutely unwell? (e.g. have a fever of $\geq 38.5^{\circ}\text{C}$)	YES or NO (If yes, then vaccination should be delayed until they are asymptomatic for at least 48 hours)
Do you have any severe allergies? (history of anaphylaxis to any substance, or carries or has been prescribed an adrenaline auto injector (EpiPen))	YES or NO (Vaccination may not be given)
Do you have a bleeding disorder or are receiving anticoagulant therapy (a blood thinner)?	YES or NO (If yes, are they stable and established? If yes, vaccination may be given based on your Dr's advice). If no, they should have a blood test to confirm their INR or anti-Xa
Are you pregnant, planning to become pregnant, or breast feeding?	YES or NO (If yes, the vaccine can be considered if the women choose. Informed consent is important as they would not be routinely recommended this vaccine)
Are you immunocompromised?	YES or No (If yes, vaccination should continue unless they have any precautions or contraindications)
Do you currently have or have you recently been diagnosed with COVID-19?	YES or NO (If yes, they should be advised to leave the vaccination clinic due to the risk of exposure to others.)
Do you have any respiratory symptoms? (Cough, sore throat, fever or feeling sick)	YES or NO(If yes, vaccination may need to be delayed)

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

Signature: _____ Date : ____/____/____

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