



Australian Government



COVID-19 VACCINATION

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19, or coronavirus.

There are two brands of vaccine in use in Australia. Both are effective and safe. The Comirnaty (Pfizer) vaccine is preferred over COVID-19 Vaccine AstraZeneca for adults under 60 years of age but the AstraZeneca vaccine can be given for younger people if the benefits of vaccination outweigh the risk.

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 twice, twelve weeks apart. You need to have the same brand of vaccine both times.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild and don't last for long. As with any vaccine or medicine, there may be rare and/or unknown side effects.

The following lists the common side effects following COVID-19 vaccination:

- injection site tenderness, warmth or itch
- headache
- fatigue / tiredness
- muscle or joint pains
- fever and chills
- nausea

A very rare side effect of blood clotting has been reported in the 4-20 days after the first dose of AstraZeneca COVID-19 vaccine. For further information on the risk of this rare condition refer to the '[Information on COVID-19 Vaccine AstraZeneca](#)' fact sheet. You can ask us for a copy.

If you have any questions about having a COVID-19 vaccine, please talk to your GP BEFORE MAKING AN APPOINTMENT TO BE VACCINATED.

Some people may still get COVID-19 after vaccination. So you must still follow public health precautions as required in Victoria to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people
- washing your hands often with soap and water, or use hand sanitiser
- wear a mask, when you required to
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your: Medicare account, MyGov account or MyHealthRecord account.

COVID-19 vaccine checklist, eligibility & consent

Name:	
Date of birth:	
Next of kin name (in case of emergency):	
Phone contact number:	

Eligibility to receive the COVID-19 vaccine

I am eligible to receive the COVID-19 vaccine because: (select one)

- aged 60 or over medical condition (specify:)
- occupation (specify) other (specify)

Before receiving your COVID-19 vaccination today, please complete the check list below. You must tell us if:

- **you have any allergies, particularly anaphylaxis** to a previous dose of a COVID-19 vaccine or to other vaccines or medications.
- If you have a **past history of cerebral venous sinus thrombosis** (a rare type of brain clot) or **heparin induced thrombocytopenia** (a rare reaction to heparin treatment)

Yes No

- Do you have any serious allergies, particularly anaphylaxis, to anything?
- Have you had an allergic reaction after being vaccinated before?
- Are you pregnant or do you think you might be pregnant?
- Are you sick today with a cough, sore throat, fever or feeling sick in another way?
- Have you had a COVID-19 vaccination before?
- Have you received any other vaccination in the last 14 days?
- Have you had *cerebral venous sinus thrombosis* in the past?
- Have you had *heparin-induced thrombocytopenia* in the past?

For those aged under 60 years of age:

- I confirm that I have understood the rare but serious side-effect of clotting (thrombosis) with low platelets and am making an informed decision to proceed with this vaccination.

Consent to receive the COVID-19 vaccine:

- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular doctor and/or vaccinator.
- I agree to receive a course of COVID-19 vaccines (two doses of the same vaccine)

Name (or Guardian's name):	
Signature:	Date:

Vaccinated by:	COVAX1	COVAX2	COVAX3
----------------	--------	--------	--------