

OVENS - BALLINCOLLIG MEDICAL CENTRE

The Clinic, Old Quarter, Ballincollig, Cork P31 YH66

Tel 021 4872555

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COVID 19 Vaccination Checklist

Name: PPSN:

Checklist to support you answering Covid-19 eligibility questions

These will be Yes/No answers

1. Have you had Anaphylaxis (serious allergic reaction requiring medical intervention) following a previous dose of the vaccine or any of its constituents? YES NO

If yes you are not eligible for the vaccination at this time. See patient information leaflet.
2. Have you been diagnosed with Covid-19 within the last four weeks YES NO

If yes, you will not be eligible for vaccination until four weeks after your Covid-19 diagnosis.
3. Have you had another vaccine within the last 14 days? YES NO

If yes, you will not be eligible until vaccine 14 days after your last vaccination.
4. Do you have a bleeding disorder or are you on anticoagulation therapy? YES NO

No action on either yes or no, knowledge transfer to vaccinator.
5. Are you less than 14 weeks or more than 33 weeks pregnant? YES NO

If yes, you are not eligible for vaccination at this time.
If no, but you are more than 14 weeks and less than 33 weeks pregnant and consenting to vaccination, before vaccination happens please discuss the risks and benefits of receiving the vaccine with your obstetric care provider and confirm with them that you are at the correct stage of pregnancy to receive

Dr Ann Nicholson MB DCh DOB MRCGP

Dr Julie Burns MB MICGP BObs DCh

Dr Stephen Tobin MB ChB BSc (Hons) DGMMRCGP

Nurse Yvonne Barry RGN PN

Dr Eamonn O'Grady MB DCh MICGP DObs

Dr Elaine Tho MBBS BMedSc RACGP DCh

Dr Heather Clarke MRCGP MB BCH BAO (Hons)

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Name: PPSN:

Checklist to support you answering Covid-19 consent questions

One of these options is appropriate when establishing consent (please tick as appropriate)

1. The individual has consented to the vaccination for Covid-19 and has been provided with written information,

OR

2. The individual does not agree with COVID-19 vaccination and should not be vaccinated,

OR

3. The individual cannot consent and they are being vaccinated for Covid-19 according to their benefit and will and preference, **AND**

The above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.

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