

Swansea Medical Centre

Fourth (4) Dose/Booster Covid-19 Vaccination –Pfizer Consent

Name: _____

Doctor: _____

Is it 3 months since your last covid vaccination OR since you had the Covid Infection?

YES NO

Have you had an allergic reaction to a previous dose of a Covid -19 vaccine?

YES NO

Have you had anaphylaxis to another vaccine or medication?

YES NO

Have you had a serious adverse event, that following expert review by an experienced immunisation provider or medical specialist was attributed to a previous dose of a COVID-19 vaccine (and did not have another cause identified)?

YES NO

Have you had COVID-19 infection before?

YES NO

Do you have a bleeding disorder?

YES NO

Do you take any medication to thin your blood (anticoagulant therapy) ?

YES NO

Do you have a weakened immune system (immunocompromised)?

YES NO

Are you pregnant?

YES NO

Have you been sick with a cough, sore throat, fever or are feeling sick in another way?

YES NO

Have you received any vaccines in the last 7 days?

YES NO

Do you have any severe allergies, particularly anaphylaxis (to anything including polyethylene glycol)?

YES NO

Have you been diagnosed with myocarditis and/or pericarditis that is attributed to a previous dose of Pfizer or Moderna COVID-19 vaccines?

YES NO

Have you had myocarditis, pericarditis or endocarditis within the past six months?

YES NO

Do you currently have acute rheumatic fever or acute rheumatic heart disease?

YES NO

Do you have severe heart failure?

YES NO

If you answered **YES** to any of the above questions, you may still be able to receive the Pfizer , however you should talk to your GP to discuss the best timing of vaccination and whether any additional precautions are needed.

Patient Signature _____

Date _____