



COVID-19 CLIENT DETAIL - APPOINTMENT BOOKING FORM

| First Name | Middle Name | Jame | | Last Name | ame | |
|---|---|---|------------------------------|---|---|------------------|
| Gender (indicate): Female ☐ Male ☐ (| Other 🗖 | | If Femal | Please Indic | If Female Please Indicate: Pregnant 🔲 🛮 N | Not pregnant 🗖 |
| Date of Birth:/ Age: | | You will need to brir | ıg age identifica | tion with you to | You will need to bring age identification with you to pharmacy at the time of your appointment. | our appointment. |
| Indicate which Residents and staff of long term care facilities vaccination cohort Front line Health Care Workers (if unsure please ask a member of the People with a HIGH risk underlying condition pharmacy team) | long term ca e Workers HIGH risk m isk underlyin | are facilities edical condition ig condition | ~ ~ ~ ~ | y workers esse ople living or v ocation group | Key workers essential to the vaccination programme People living or working in crowded settings Allocation group based on age | programme 🔲 ings |
| Mothers Birth Surname: | | | | | | |
| Nationality: | | | | | | |
| Ethnicity: Irish Irish Traveller Any other white background African | 0000 | Any other black background Chinese Any other Asian background Roma | k background n background | | Other (including mixed background) □ Prefer not to say | J background) □ |
| PPS Number: | | No PPS Number | umber 🗖 | | | |
| Reason No PPS Number: | | | | | | |
| Email address: | | | | | | |
| Mobile: | Alternate | Alternate Contact No: | | | | |
| Address Details: | | | | | | |
| | | | | | | |
| Eircode (if available): | | | | | | |
| GP Details | | | | | | |
| GP Name: | | | | | | |
| GP Practice Name: | | | | | | |
| GP Address: | | | | | | |
| GP Eircode: | | | | | Not Registered with a GP 🗖 | I with a GP 🗖 |
| GP Phone Number: | | | | | | |

COVID-19 Vaccine Janssen® Vaccination Consent Form for people aged 18-34 years (Pharmacy use only)



| Please answer the following questions with a yes or no answer | | | | | | |
|--|---------------------------|--|--|--|--|--|
| 5. Have you ever had mastocytosis? | Yes No | | | | | |
| If yes, you can still get the vaccine, BUT, you should be observed for 30 minutes post vaccination. | Go to | | | | | |
| Question 6. If no, go to Question 6. | | | | | | |
| 6 Harrison and had a subhada 6 to 6 ad a succession of the first of | Yes No | | | | | |
| 6. Have you ever had anaphlaxis after food, venom or medication? If yes, you can still get the vaccine, BUT, you should be observed for 30 minutes post vaccination. Go to | | | | | | |
| Question 7. If no, go to Question 7. | | | | | | |
| - | | | | | | |
| 7. Have you ever been diagnosed with capillary leak syndrome? If yes, you cannot get this vaccine if you've been diagnosed with capillary leak syndrome. Talk to you | | | | | | |
| doctor about an alternative vaccine. If no, go to Question 8 | | | | | | |
| acción about un alternative vaccine. Il not go to question o | | | | | | |
| 8. Do you have a bleeding disorder or are you on anticoagulation therapy? | Yes No | | | | | |
| If yes, you can still get a vaccine if you have a bleeding disorder or take anticoagulation medicines | s. But tell | | | | | |
| your vaccinator about your condition Go to Question 9 | | | | | | |
| 9. Is there any reason why you cannot get either viral vector COVID-19 vaccines i.e. Vax | zevria® Yes No | | | | | |
| (COVID-19 Vaccine AstraZeneca) or COVID-19 Vaccine Janssen®? | | | | | | |
| If yes, you are cannot get the vaccination at this time. Talk to your medical practitioner. | | | | | | |
| | | | | | | |
| Section 2: Consent | | | | | | |
| Please read each statement, tick the boxes and sign the form to confirm your consent for vaccination | | | | | | |
| , | | | | | | |
| I confirm that I have read and understood the information provided about the risks and benefits | | | | | | |
| to me of receiving the COVID-19 Vaccine Janssen®, including the rare clotting side effect known as TTS | | | | | | |
| | | | | | | |
| My pharmacist/vaccinator has given me the opportunity to ask questions | | | | | | |
| | | | | | | |
| I consent to receive a dose of COVID-19 Vaccine Janssen® | | | | | | |
| | | | | | | |
| Signature | | | | | | |
| | | | | | | |
| | | | | | | |
| Date DD/MM/YYYY | | | | | | |
| | | | | | | |
| This form will be stored securely by this pharmacy | | | | | | |
| FOR OFFICE USE ONLY | | | | | | |
| | | | | | | |
| Name of Pharmacist | | | | | | |
| Registration Number | | | | | | |
| registration rannoci | | | | | | |
| | | | | | | |
| www.hse.ie/COVID19Vaccine #ForUsAll 2 | Version 2.0 9th July 2021 | | | | | |

COVID-19 Vaccine Janssen® Vaccination Consent Form for people aged 18-34 years (Pharmacy use only) covid-19 VACCINE PAGACINE PA

| Please complete Section | 1 and Section 2 if you | consent to receive COVI | D-19 Vaccine Janssen® |
|---|------------------------------|--|---------------------------|
| Section 1: Personal Deta | ails | | |
| First Name | | Surname | |
| Date of Birth | | DD/MM/YYYY | |
| Mobile number | | | |
| Email | | | |
| Address | | | |
| PPSN (if available) | | | |
| Please answer the following q | questions with a yes or no | answer | |
| | • | | Yes No |
| Are you pregnant? f yes, you cannot get the COVID- | -19 Vaccine Janssen® COVID | -19 Vaccine | |
| f no, go to Question 2 | | | |
| 2. Have you tested positive fo | or COVID-19 within the las | st 4 weeks? | Yes No |
| | | rered from COVID-19 and it has b | |
| weeks since you tested positive not have symptoms. | or developed symptoms, or | 4 weeks from your first positive | PCR test if youald Land |
| f no, go to Question 3 | | | |
| 3. Have you ever had a seriou | us allergic reaction (anapl | nylaxis) that needed medical t | reatment: Yes No |
|) after having the AstraZeneo | | - | |
| OR II) to any of the vaccine ingre | dients, including polysork | oate 80? | |
| f yes you cannot get this vaccine | | erent type of vaccine in a specialis | st centre. Talk to |
| your medical practitioner. f no, go to Question 4 | | | |
| | | | |
| 4. Have you ever had a seriou: I) from a vaccine, injection of | • . | ylaxis): a medicine likely to contain p | olysorbate 80 |
| OR | | | , L |
| I) for unexplained reasons. The fyes, go to Question 4a | his may mean you are all | ergic to polysorbate 80? | |
| f no, go to Question 5 | | | |
| 4a. Have you received adv | vice from a relevant specia | alist that includes weighing th | ie risks and |
| benefits of receiving the v | • | | Yes No |
| If yes, you are eligible for the Proceed to Question 5 | vaccine, HOWEVER, you sho | uld be observed for 30 minutes p | oost vaccination. |
| , | the vaccine at this time and | vaccination must be deferred unt | til such time as |
| you seek relevant medical ad | | | |
| | | | |
| More Questions on page 2 | | 1 | Version 2.0 9th July 2021 |

COVID-19 Vaccines for people aged 18 to 34 years

Version 3.0



Based on a recommendation from the National Immunisations Advisory Committee (NIAC), people between 18 and 34 can opt for earlier vaccination by choosing Vaxzevria® vaccine (COVID-19 Vaccine AstraZeneca) or the COVID-19 Vaccine lanssen®. These are both viral vector vaccines.

However, you can wait to be offered Comirnaty® (Pfizer BioNTech COVID-19 vaccine) or SpikeVax® (COVID-19 Vaccine Moderna) vaccines a bit later. These vaccines are called mRNA vaccines.

It's your choice to opt for a viral vector vaccine when it's available or wait for an mRNA vaccine to be available.

The HSE is providing COVID-19 vaccines free of charge.

All COVID-19 vaccines are safe, effective and licensed in the EU for use in adults aged 18 years and over. Comirnaty® (Pfizer BioNTech COVID-19 vaccine) can be used in ages 16 and over.

You'll find information on hse.ie on all available vaccines.

Get a Viral Vector COVID-19 Vaccine now

Wait for an mRNA COVID-19 Vaccine

What are the positives of this option?

- The Delta Variant is spreading in Ireland, and across the world. In recent weeks more young people have caught COVID-19 disease in Ireland
- You will get your vaccine quicker if you choose to get a viral vector vaccine now
- After completing the full course of the vaccine, you get significant protection from severe COVID-19 that requires hospitalisation or can lead to death
- You need to get 2 doses of Vaxzevria® vaccine (COVID-19 Vaccine AstraZeneca) 4 weeks apart
- COVID-19 Vaccine Janssen® is a single dose COVID-19 vaccine
- Safety and effectiveness of all COVID-19 vaccines are continuously monitored

- mRNA vaccines are recommended by NIAC for those aged under 50 years of age where possible
- After completing the full course of the vaccine, you get significant protection from severe COVID-19 that requires hospitalisation or can lead to death
- Both mRNA and viral vector vaccines provide good protection from severe COVID-19 disease. Based on current evidence protection from COVID disease is somewhat higher than the protection from viral vector vaccines
- mRNA vaccines are the recommended option during pregnancy in Ireland
- Safety and effectiveness of all COVID-19 vaccines are continuously monitored

What are the negatives of this option?

- There is a very rare risk of unusual blood clots including in the brain with low platelets also called Thrombosis with thrombocytopenia syndrome (TTS) associated with viral vector vaccines. Although the risk is higher in younger people – it is still extremely rare
 - It is important for people to be aware of the symptoms of TTS so they can seek early medical attention. From international reports, 1 in 5 people who develop TTS after Vaxzevria® and 1 in 10 who develop TTS after Janssen® may die. Of the seven reported cases of suspected TTS cases in Ireland they are all discharged or are recovering in hospital
 - The estimated risk of TTS after the Vaxzevria® vaccine (COVID-19 Vaccine AstraZeneca) is 2 in 100,000 for those under 50 years of age. The risk after the second dose is significantly lower than after the first dose

- Very rarely, people may develop myocarditis and pericarditis after getting an mRNA vaccine
 - Myocarditis and pericarditis are inflammatory heart conditions. Myocarditis and Pericarditis is seen in about 1 in 1,000,000 doses of Comirnaty® or SpikeVax®
 - The risk of these very rare conditions is higher in younger men. It is more likely to occur after the second dose and mostly happens within 14 days of getting the vaccine
- You will need to wait until these vaccines become available for your age group - this may leave you unprotected for longer against COVID-19 including the Delta variant
- While you are waiting for an mRNA vaccine you may contract COVID-19. This is usually a mild illness in young people but this is not always the case. The following are some of the serious effects of COVID-19

COVID-19 Vaccines for people aged 18 to 34 years

Version 3.0



Get a Viral Vector COVID-19 Vaccine now

Wait for a mRNA COVID-19 Vaccine

What are the negatives of this option?

- The estimated risk of TTS after the COVID-19 Vaccine Janssen® is 1 in 300,000
- Vaxzevria® and Janssen® vaccine cannot be given to those with a history of capillary leak syndrome
- Unusual blood clots including similar to those seen after viral vector vaccines are seen after COVID-19 itself. In the US, the incidence of unusual blood clots in the venous sinus of the brain in those admitted to hospital two weeks after COVID-19 is about 4 in 100,000 for all age groups

For every 100,000 AstraZeneca vaccinations



| | ary 2020 - July 2021 | tential Harm | VACCINE Public Healt Advice |
|---------|---------------------------------------|--------------------------------------|---|
| e Group | Potential harm from clotting events** | Potential Benefit Deaths prevented* | Potential Benefit ICU admissions prevented* |
| 0.40 | 2 00 | 0.21 | 1.60 |

| Age Group | from clotting events** | Deaths prevented* | ICU admissions prevented* |
|-----------|------------------------|-------------------|---------------------------|
| 0-19 | 2 •• | 0.31 | 1.68 |
| 20-34 | 2 •• | 1.39 | 7.50 |
| 35-44 | 2 •• | 4.55 | 17.54 |
| 45-49 | 2 •• | 11.04 | 42.01 |

Source: * Data from HPSC, COVID-19 death and ICU rates per 100,000 population including data between February 1st, 2020 and July 3rd, 2021.

** Age-specific data from the National Immunisation Advisory Committee (NIAC)

Produced by: HSE National Immunisation Office July 2021

- Furthermore 1 in 5 patients admitted to ICU because of COVID-19 have blood clots
- Younger people are much less likely to need hospitalisation but they can develop a condition sometimes called long COVID that can continue for weeks or months after getting COVID-19 disease.

You might consider this option if you:

- Are worried about catching COVID-19
- Are at higher risk of COVID-19 as you have multiple contacts at work or home
- Live with someone who is at higher risk of COVID-19
- Are not at high risk of getting COVID-19 and willing to wait for a COVID-19 vaccine while you maintain strict compliance with other measures to reduce the risk of COVID-19
- Can't have a viral vector vaccine (e.g. if you have a severe allergic reaction to a previous dose or to any ingredients, previously had TTS after a dose of Vaxzevria or previously had capillary leak syndrome)
- Are worried about getting a viral vector vaccine

If you choose this option:

- You can get the vaccine at a local pharmacy
- Continue to follow current public health advice that's relevant to you. See up to date advice for vaccinated people on hse.ie
- The HSE will let you know where and when you can get your COVID-19 vaccine
- Continue to follow current public health advice that's relevant to you. See up to date advice for vaccinated people on hse.ie

More Information

For more information, read the manufacturer's Patient Information Leaflet. This will be printed for you on the day you get your vaccine, or you can find it on www.hse.ie/covid19vaccinePIL

You can also talk to a health professional, like your GP (Doctor), Pharmacist or healthcare team.

You can also visit the HSE website at www.hse.ie/covid19vaccine or call HSELive on 1800 700 700.

For more information on the COVID-19 vaccine, including materials in other formats and translation support visit www.hse.ie/covid19vaccinematerials