


COVID-19 CLIENT DETAIL – APPOINTMENT BOOKING FORM

First Name _____ Middle Name _____ Last Name _____

Gender (indicate): Female Male Other If Female Please Indicate: Pregnant Not pregnant

Date of Birth: ____/____/____ Age: ____  You will need to bring age identification with you to pharmacy at the time of your appointment.

Indicate which vaccination cohort (if unsure please ask a member of the pharmacy team)

Residents and staff of long term care facilities	<input type="checkbox"/>	Key workers essential to the vaccination programme	<input type="checkbox"/>
Front line Health Care Workers	<input type="checkbox"/>	People living or working in crowded settings	<input type="checkbox"/>
People with a VERY HIGH risk medical condition	<input type="checkbox"/>	Allocation group based on age	<input type="checkbox"/>
People with a HIGH risk underlying condition	<input type="checkbox"/>		

Mothers Birth Surname: _____

Nationality: _____

Ethnicity:

Irish	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>	Other (including mixed background)	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>		
African	<input type="checkbox"/>	Roma	<input type="checkbox"/>		

PPS Number: _____ No PPS Number

Reason No PPS Number: _____

Email address: _____

Mobile: _____ Alternate Contact No: _____

Address Details:

Eircode (if available): _____

GP Details

GP Name: _____

GP Practice Name: _____

GP Address: _____

GP Eircode: _____ Not Registered with a GP

GP Phone Number: _____

Name: PPSN:

Checklist to support you answering COVID-19 eligibility questions

See patient information leaflet for further information

These will be Yes/No answers

1. Have you ever had a serious allergic reaction (anaphylaxis) that needed medical treatment:
 - I) after having a previous dose of the Moderna (Spikevax®) or Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine, OR
 - II) to any of the vaccine ingredients, including polyethylene glycol known as PEG?
 If **yes**, you **cannot** get this vaccine. You should get a different type of vaccine in a specialist centre. Talk to your GP. You may need specialist advice.
If **NO** GO TO NEXT QUESTION

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

- 1b. Have you ever had a serious allergic reaction (anaphylaxis) to Trometamol (a contrast dye used in MRI radiological studies)?

If **yes**, you **cannot** get the Moderna COVID-19 vaccine. But you can have a different vaccine. Talk to your GP.
If **NO** GO TO NEXT QUESTION

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

2. Have you ever had a serious allergic reaction (anaphylaxis):
 - I) after taking multiple different medications, with no reason known for the reaction. This may mean you are allergic to polyethylene glycol (PEG) OR
 - II) after having a vaccine or a medicine that contains polyethylene glycol (PEG), OR
 - III) for unexplained reasons. This may mean you are allergic to polyethylene glycol (PEG)?
 If **yes**, you **cannot** get this vaccine. Talk to your GP or doctor to check if you are suitable for another type of COVID-19 vaccine. You may need specialist advice.
If **NO** GO TO NEXT QUESTION

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

3. Have you ever had:
 - I) Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues) OR
 - II) idiopathic anaphylaxis. This is a serious allergic reaction (anaphylaxis) with no known cause. OR
 - III) a serious allergic reaction (anaphylaxis) due to food, medication or venom from an insect or animal?
 If **yes**, you **can** still get the vaccine, **BUT**, you should be observed for 30 minutes after you are vaccinated. GO TO NEXT QUESTION
If **no**, GO TO NEXT QUESTION.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Questions continued overleaf

Name: PPSN:

Checklist to support you answering COVID-19 consent questions

4. Have you tested positive for COVID-19 within the last 4 weeks?
If **yes**, you should **delay** getting a vaccine until you have recovered from COVID-19 and it has been at least 4 weeks since you tested positive or developed symptoms, or 4 weeks from your first positive PCR test if you did not have symptoms.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have a bleeding disorder or are you on anticoagulation therapy?
If **yes**, you can still get a vaccine if you have a bleeding disorder or take anticoagulation medicines. But tell your vaccinator about your condition.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

6. Are you pregnant?
If **yes**, go to 6b

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

- 6b. Are you less than 14 weeks or more than 36 weeks pregnant?
If **yes**, you **cannot** get vaccinated at this time. You may be able to get vaccinated when you are between 14 and 36 weeks pregnant. Talk to your GP, midwife or obstetrician. If **no**, you can get vaccinated, but this is only as long as you have spoken with your midwife, obstetrician or doctor about the risks and benefits of getting the vaccine. Before being vaccinated you should confirm with them that you are at the correct stage of pregnancy to get the vaccine.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

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.