

Care Home Resident (able to consent for themselves)

# COVID-19 vaccination consent form

The COVID-19 vaccination will reduce the risk of a person contracting SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). Like all medicines, no vaccine is completely effective and it takes a few weeks after the vaccine for the body to build up protection. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection.

The vaccine cannot give a person COVID-19 disease, and two doses will reduce the chance of an individual becoming seriously ill or dying. An eligible person will still need to follow the guidance in place to

reduce transmission of COVID-19, such as washing hands frequently, keeping social distance and wearing a face covering when necessary.

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Please review the product information for more details on the vaccine and possible side effects at [NHS.UK/Coronavirus](https://www.nhs.uk/coronavirus). You can report suspected side effects of vaccines and medicines through the Yellow Card scheme. You can do this online by searching Coronavirus Yellow Card or by downloading the Yellow Card app. Visit [coronavirus-yellowcard.mhra.gov.uk](https://coronavirus-yellowcard.mhra.gov.uk)

Full name (first name and surname):

NHS number:

Care Home address:

GP Practice name and address:

Date of birth:

Ethnicity:

Gender (circle as appropriate):

Male

Female

Prefer not to say

## Consent for a course of COVID-19 vaccination (please complete one box only)

If you are a woman of childbearing age, please ensure you have read the detailed guide to pregnancy and breastfeeding leaflet or view it here: [www.nhs.uk/covidvaccination](https://www.nhs.uk/covidvaccination)

### I want to receive the full course of COVID-19 vaccination

Name

Signature

Date

### I do not want to receive the full course of COVID-19 vaccination

Name

Signature

Date

If, after discussion, you decide that you do not want to have the vaccine, it would be helpful if you would give the reasons for this below/on the back of this form (and return to the provider).

Thank you for completing this form. Please return it as soon as possible.

## Office use only

Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Brand of Vaccine	Immuniser name and signature (please print)	Where administered (care home, home, GP etc)
First	L arm	R arm				
Second	L arm	R arm				