



Australian Government



COVID-19 VACCINATION

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19, or coronavirus.

There are two brands of vaccine in use in Australia. Both are effective and safe. For adults aged under 50 years either brand may be used, however Comirnaty (Pfizer) vaccine is preferred over AstraZeneca COVID-19 vaccine.

The COVID-19 vaccination is free. You choose whether to have the vaccination or not.

To be vaccinated you will get a needle in your arm. You need to have the vaccination twice, twelve weeks apart. There are different brands of vaccine. You need to have the same brand of vaccine both times.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild and don't last for long. As with any vaccine or medicine, there may be rare and/or unknown side effects.

The following lists the common side effects following COVID-19 vaccination:

- injection site tenderness, warmth or itch
- headache
- fatigue / tiredness
- muscle or joint pains
- fever and chills
- nausea

A very rare side effect of blood clotting has been reported in the 4-20 days after the first dose of AstraZeneca COVID-19 vaccine. This is not seen after the second dose of AstraZeneca COVID-19 vaccine or after any dose of Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the ['Information on COVID-19 Vaccine AstraZeneca'](#) fact sheet. You can ask us for a copy.

If you have any questions about having a COVID-19 vaccine, please talk to your GP BEFORE MAKING AN APPOINTMENT TO BE VACCINATED.

Some people may still get COVID-19 after vaccination. So you must still follow public health precautions as required in Victoria to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people
- washing your hands often with soap and water, or use hand sanitiser
- wear a mask, when you required to
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your: Medicare account, MyGov account or MyHealthRecord account.

COVID-19 vaccine checklist, eligibility & consent

Name:	
Date of birth:	
Next of kin name (in case of emergency):	
Phone contact number:	

Eligibility to receive the COVID-19 vaccine

I am eligible to receive the COVID-19 vaccine in phase 1B because: (select one)

- aged 70 or over medical condition (specify):
 occupation (specify) other (specify)

Before receiving your COVID-19 vaccination today, please complete the check list below. You must tell us if:

- **you have any allergies, particularly anaphylaxis** to a previous dose of a COVID-19 vaccine or to other vaccines or medications.
- If you have a **past history of cerebral venous sinus thrombosis** (a rare type of brain clot) or **heparin induced thrombocytopenia** (a rare reaction to heparin treatment)

Yes No

- Do you have any serious allergies, particularly anaphylaxis, to anything?
 Have you had an allergic reaction after being vaccinated before?
 Are you pregnant or do you think you might be pregnant?
 Are you sick today with a cough, sore throat, fever or feeling sick in another way?
 Have you had a COVID-19 vaccination before?
 Have you received any other vaccination in the last 14 days?
 Have you had cerebral venous sinus thrombosis in the past?
 Have you had heparin-induced thrombocytopenia in the past?

For those aged under 50 years of age:

- I confirm that I have understood the rare but serious side-effect of clotting (thrombosis) with low platelets and am making an informed decision to proceed with this vaccination.

Consent to receive the COVID-19 vaccine:

- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular doctor and/or vaccinator.
 I agree to receive a course of COVID-19 vaccines (two doses of the same vaccine)

Name (or Guardian's name):	
Signature:	Date:

Vaccinated by:	COVAX1	COVAX2	COVAX3
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