Assessment form for use with all COVID-19 vaccinations at the designated vaccination hub or in a community setting. **Vaccine recipient details**

First Name		**Surname**	
Date of birth		**NHS number**	
Home address			
		Postcode	
Phone/Mobile		**Email address**	

Please read and answer the following questions carefully. Information provided will be used to assess your suitability to receive the Booster Covid-19 vaccine. If you answer yes to any questions, you may be asked for further information to assess your suitability to receive the Booster Covid-19 vaccine.

Do you currently have a severe illness with a high temperature?	No ☐	Yes ☐
Have you had confirmed Covid-19 infection in the last 4 weeks?	No ☐	Yes ☐
*Have you ever had a severe reaction to a medicine, vaccine or to food or carry an adrenaline autoinjector (such as EpiPen® or Jext®)?	No ☐	Yes ☐
Are you pregnant, think you might be pregnant or planning to get pregnant in the next three months? Refer to 'COVID-19 vaccination: a guide for women of childbearing age, pregnant, planning a pregnancy or breastfeeding' for information.	No ☐	Yes ☐
Are you breastfeeding?	No ☐	Yes ☐
Have you had the flu vaccine since 01/09/2021?	No ☐	Yes ☐
Is this your booster dose of the Covid-19 vaccine?	No ☐	Yes ☐
Is it over 6 months since your second primary dose of the Covid-19 vaccine?	No ☐	Yes ☐
If this is your booster dose of the Covid-19 vaccine, did you have an adverse reaction or experience any significant side effects from either of your primary doses?	No ☐	Yes ☐
Are you taking part in any clinical trials involving medicines or vaccines?	No ☐	Yes ☐
Are you taking any medicines that affect blood clotting or for blood thinning? Examples of these medicines include aspirin, clopidogrel, apixaban, rivaroxaban, dabigatran or edoxaban.	No ☐	Yes ☐
If you take warfarin, are you awaiting an INR result or was your latest INR result higher than your target range?	No ☐	Yes ☐
Do you have bleeding problems or a bleeding disorder?	No ☐	Yes ☐

For Completion by Vaccinator Only - Consent to vaccination

Has the vaccine recipient read the written information provided?	☐ Yes	☐No
Is the person being assessed happy to receive the Covid-19 vaccine following assessment by a vaccinator?	☐ Yes	☐No
When applicable does the vaccine recipient agree to be monitored for at least 15 minutes following vaccination as there is a small risk of significant adverse reactions to the vaccine?	Yes	No

Date & Time of vaccination	Site of injection	Brand of Vaccine	Batch number/ expiry date	Immuniser name	Where administered (care home, home, PCN etc
	R arm / L arm	Moderna / Pfizer / AZ			
	R arm / L arm	Seasonal flu			