



HSE COVID 19 Vaccination Checklist

Comirnaty (Pfizer/BioNTech COVID-19 vaccine) and SpikeVax (COVID-19 Vaccine Moderna) use only



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:

YES NO
☐ ☐

 - 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

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

YES NO
☐ ☐

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

2. Have you ever had a serious allergic reaction (anaphylaxis):

YES NO
☐ ☐

 - 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

3. Have you ever had:

YES NO
☐ ☐

 - 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.

Questions continued overleaf

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Checklist to support you answering COVID-19 consent questions

- | | | |
|---|--------------------------|--------------------------|
| <p>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.</p> | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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.</p> | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. Are you pregnant?
If yes, go to 6b</p> | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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.</p> | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

One of these options is appropriate when establishing consent (please tick as appropriate)

- | | |
|---|--------------------------|
| <p>1. The individual has consented to the vaccination for COVID-19 and has been provided with written information,
OR</p> | <input type="checkbox"/> |
| <p>2. The individual does not agree with COVID-19 vaccination and should not be vaccinated,
OR</p> | <input type="checkbox"/> |
| <p>3. The individual cannot consent and they are being vaccinated for COVID-19 according to their benefit and will and preference, AND</p> | <input type="checkbox"/> |
| <p>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.</p> | |