

**North and West Herefordshire Primary Care Network Vaccination Site, Bridge Street Sports Centre Leominster
Individual Patient Assessment Checklist
for the Administration of Pfizer BioNTech COVID-19 mRNA Vaccine BNT 162b2 Or Astra Zeneca (ChAdOx1-S)
[recombinant]**

Adapted from National template and informed by "Reg 174 Information for UK Healthcare Professionals" and "Chapter 14a – COVID-19-SARS-CoV-2 – The Green Book"

Surname		Date of Birth	
Given Name			
Address			
NHS number (if known)		Post Code	
Please state your ethnicity		In Health or Social Care? If so please state your occupation	
<p>Please complete the PRE-VACCINATION QUESTIONS in the table. Your answers will be reviewed by your vaccinator and you will have the opportunity to ask any questions. If there are any questions you are unsure of please leave the answer blank for discussion with your vaccinator.</p> <p>If any of the boxes in the "Red Flag" column are ticked, then a further review by the responsible clinician will take place.</p>			
Vaccinator Name	to be completed at site by vaccinator		
Check list reviewed and approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do Not Proceed
Professional Preparing Vaccine	to be completed at site by vaccinator		
Date of Approval	to be completed at site by vaccinator		

Pre-Vaccination Questions		Red Flag	Clinician Notes (where "yes" to any questions)
Please confirm your age – are you younger than 18 years of age?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Are you currently unwell with fever?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Have you received any other vaccine or injection within the last 7 days?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Have you previously received, or are you due to receive a COVID-19 vaccine, either in the last 28 days, as part of a trial or via a different healthcare provider?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Have you recently had COVID symptoms or been asymptomatic but with a COVID positive PCR test result or required to self-isolate?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Have you ever had a severe allergic reaction to a previous dose of Covid-19 vaccine (in particular polyethylene glycol) or any component of residues from the manufacturing process.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Do you have a history of immediate onset anaphylaxis to multiple classes of drugs.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Have you ever had an unexplained anaphylactic reaction?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Are you receiving anticoagulant therapy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Do you have a bleeding disorder?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Do you have a weakened immune system (immunocompromised) or are you receiving immunosuppressant therapy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Are you or could you be pregnant	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Have you had surgery in the last 7 days or is surgery due in the next 7 days?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Are you breast feeding?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
<p>Please tick yes if you understand the following information regarding side effects etc:</p> <ul style="list-style-type: none"> Localised swelling and redness Fever/high temperature (consider taking paracetamol before vaccination) Fainting, feeling faint or other stress-related reactions The second dose of vaccine is being delayed in order to create a degree of protection throughout the population Vaccine protection is not immediate and precautions against infection will need to be continued. It is imperative to attend the second vaccination appointment. <p>Seek further medical advice if you are significantly unwell after vaccination with a temperature above 38°C, cough, breathless or wheezy.</p> <p>Women of childbearing age can be provided with the leaflet PHE Covid-19 vaccination: a guide for women of childbearing age, pregnant, planning a pregnancy or breastfeeding</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you consent to vaccination, to not drive for 15 minutes and to wait in the vaccination centre for the time specified by your vaccinator after injection if needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	