

Individual Patient assessment for the administration of COVID-19 Vaccine AstraZeneca, (ChAdOx1-S [recombinant])

Name		Date of birth	<small>(Over aged 18 only)</small>
Surname		NHS Number	
Date of 1st Vaccination <small>(If applicable)</small>		Attendance Date	

NHS Trust Staff NWAS Job Title

Part 1 – Patient to complete

Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects

Are you currently unwell with fever? <i>[Contra-indication]</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Have you received any vaccination within the past 7 days <i>[Caution-see National protocol]</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you have an allergy to any component of the vaccine eg. polysorbate 80. (Some people with PEG allergy may also be allergic to polysorbate 80, polysorbate 80 is widely used in medicines and foods, and is present in many medicines including monoclonal antibody preparations.) <i>[Contra-indication]</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Are you pregnant? <i>[Contra-indication]</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you have any bleeding disorder or take anticoagulant medication? <i>[Caution – If required Consult Pharmacist if on anticoagulant medication]</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Have you had Covid or had a positive COVID test in the last 4 weeks? <i>[Caution]</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Are you or have you been in a trial of a potential coronavirus vaccine? (They need to establish if they received the vaccine or placebo) <i>[Contra-indication]</i>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Have you previously had a Covid vaccination or completed a COVID vaccination course?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If YES – did you have any reaction to the 1st dose of Covid vaccine?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> <small>Complete Adverse Reaction section overleaf</small>
-Was it within the preceeding 28 days? <i>[Contra-indication]</i>	No	<input type="checkbox"/>	Yes	
Are you aware of the vaccine purpose and side effects?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you consent to vaccination?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

- **If any of the boxes in red are ticked, then a further review must take place.**

Part 2 – Occupational Health use

Adverse reactions/Not Vaccinated on this Occasion

Reaction Type: <i>e.g. Anaphylaxis</i>		Reaction: <i>e.g. Swollen Lips</i>	
Criticality: <i>e.g. Mild / severe</i>		Verification Status: <i>e.g. verified by GP/Dr?</i>	
Date First Experienced:			
Comments:			
Not Vaccinated Reason	Contraindicated <input type="checkbox"/> Declined Course <input type="checkbox"/> Declined Dose <input type="checkbox"/> Unable to vaccinate <input type="checkbox"/>		

Prescribing Method

National Protocol (NP) Patient Group Directive (PGD) Patient Specific Direction (PSD) Written Instruction

Covid Vaccination

Name of Clinician drawing up vaccine		ID of Clinician drawing up vaccine	
Batch Number:		Batch Expiry Date:	
Manufacturer:	Astra Zeneca	Vaccine Type:	COVID-19 ChAdOx1-S [recombinant]
Vaccinator Name		Vaccinator ID (NMC/GMC No.)	
Vaccination Site:	Left Upper Arm <input type="checkbox"/> Right Upper Arm <input type="checkbox"/>	Dose:	1 st Dose <input type="checkbox"/> 2 nd Dose <input type="checkbox"/>
Date Given		Time Given	

Ethnicity

- White – British White - Irish White - Any other White background
- Mixed - White and Black Caribbean Mixed - White and Black African Mixed - White and Asian Mixed - Any other mixed background
- Asian or Asian British – Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Asian or Asian British - Any other Asian background
- Black or Black British – Caribbean Black or Black British - African Black or Black British - Any other Black background
- Other Ethnic Groups - Chinese Any other ethnic group Not disclosed

Data Processing

Inputted onto NIVs **Yes** **No**