Please print neatly in capital letters

## WA Health COVID-19 Vaccination Student Consent Form

Before completing this form make sure you have read the information sheet on the COVID-19 vaccine you will be receiving.

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<b>Date o</b> (e.g. 05/08	of birth 3/1990)			/		] /																			
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State											Cou	ntry													
How many doses did your child receive?																									
O Dose 1 – Da	ate receiv	ed		/		/					0	Dose	2 –	Dat	e red	ceive	ed		/			/			
What brand of	vaccine	did y	our c	hild	recei	ve?																			
○ Pfizer-RioNT	Tech (		rford-	Astra	7ene	ra	$\bigcirc$	Mod	dorn	a	$\cap$	Oth	Δr								, ,	ıJ			

Health Question	onnaire (continued)	
Is your child pre	egnant?	○ Yes ○ No
-	received any other vaccination in the last 7 days?	○ Yes ○ No
Has your child h	nad an allergic reaction to a previous dose of a COVID-19 vaccine?	○ Yes ○ No
Has your child h	nad any other serious adverse reaction to a previous dose of COVID-19 vaccine?	○ Yes ○ No
Has your child e	ever had anaphylaxis to another vaccine or medication?	○ Yes ○ No
Has your child e	ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis?	○ Yes ○ No
Has your child h (an anticoagula	nad a bleeding disorder or are they currently taking any medicine to thin their blood nt therapy)?	○ Yes ○ No
Does your child	have a medical condition that causes severe immunocompromise?**	○ Yes ○ No
Has your child h	nad a COVID-19 infection before?	○ Yes ○ No
Have your child	been sick recently with a cough, sore throat, fever or are feeling sick in another way?	○ Yes ○ No
	a medical condition that causes severe immunocompromise will need to complete the tion form to show they are eligible for a third dose of a COVID-19 vaccine.	
Relevant for	Pfizer or Moderna COVID-19 vaccine only	
Has your child be dose of Pfizer o	peen diagnosed with myocarditis and/or pericarditis that is attributed to a previous or Moderna?	○ Yes ○ No
Has your child h	nad myocarditis, pericarditis or endocarditis within the past six months?	○ Yes ○ No
Does your child	currently have acute rheumatic fever or acute rheumatic heart disease?	○ Yes ○ No
Does your child	have severe heart failure?	○ Yes ○ No
	es to any of the above questions, you may still be able to receive Pfizer or Moderna, however by your GP, immunisation specialist or cardiologist first to discuss the best timing of vaccination	
	additional precautions are needed.	
and whether any	additional precautions are needed.	_
and whether any		○ Yes ○ No
Consent to rec	eive COVID-19 vaccine	○ Yes ○ No
Consent to rec	received and understood information provided to me on COVID-19 vaccination ependant receiving a course of COVID-19 vaccine (two doses of the same vaccine) assion for WA Health to contact me by email, telephone or SMS to monitor vaccine	
I confirm I have I agree to my de I give my permis safety and effect	received and understood information provided to me on COVID-19 vaccination ependant receiving a course of COVID-19 vaccine (two doses of the same vaccine) assion for WA Health to contact me by email, telephone or SMS to monitor vaccine	○ Yes ○ No
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I confirm I have I agree to my de I give my permis safety and effect I confirm that no circumstances were Signature of per	received and understood information provided to me on COVID-19 vaccination ependant receiving a course of COVID-19 vaccine (two doses of the same vaccine) ession for WA Health to contact me by email, telephone or SMS to monitor vaccine etiveness one of the conditions above apply, or I have discussed these and/or any other special with my dependant's regular health care provider and/or vaccination service provide  rson receiving vaccine  or legal substitute decision-maker details 's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination	○ Yes ○ No
I confirm I have I agree to my de I give my permis safety and effect I confirm that no circumstances were Signature of per Legal guardian I am the patient	received and understood information provided to me on COVID-19 vaccination ependant receiving a course of COVID-19 vaccine (two doses of the same vaccine) ession for WA Health to contact me by email, telephone or SMS to monitor vaccine etiveness one of the conditions above apply, or I have discussed these and/or any other special with my dependant's regular health care provider and/or vaccination service provide  rson receiving vaccine  or legal substitute decision-maker details 's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No
I confirm I have I agree to my de I give my permis safety and effect I confirm that no circumstances of Signature of per Legal guardian I am the patient of the patient na	received and understood information provided to me on COVID-19 vaccination ependant receiving a course of COVID-19 vaccine (two doses of the same vaccine) assion for WA Health to contact me by email, telephone or SMS to monitor vaccine etiveness one of the conditions above apply, or I have discussed these and/or any other special with my dependant's regular health care provider and/or vaccination service provide a nor legal substitute decision-maker details.  Is legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination amed above	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No
I confirm I have I agree to my de I give my permis safety and effect I confirm that no circumstances of Signature of per Legal guardian I am the patient of the patient no	received and understood information provided to me on COVID-19 vaccination ependant receiving a course of COVID-19 vaccine (two doses of the same vaccine) assion for WA Health to contact me by email, telephone or SMS to monitor vaccine etiveness one of the conditions above apply, or I have discussed these and/or any other special with my dependant's regular health care provider and/or vaccination service provide a nor legal substitute decision-maker details.  Is legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination amed above	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No
Consent to recommend to recomme	received and understood information provided to me on COVID-19 vaccination ependant receiving a course of COVID-19 vaccine (two doses of the same vaccine) ession for WA Health to contact me by email, telephone or SMS to monitor vaccine estiveness one of the conditions above apply, or I have discussed these and/or any other special with my dependant's regular health care provider and/or vaccination service provide reson receiving vaccine  The received and understood information provided two doses of the same vaccine) estiveness one of the conditions above apply, or I have discussed these and/or any other special with my dependant's regular health care provider and/or vaccination service provide  The received and understood information provided two doses of the same vaccine) estiveness one of the same vaccine of the	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No

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HE or employee number