|  |  |
| --- | --- |
| **COVID-19 Vaccination****Pinnacle offline record form** |  |
|  | ***PLEASE PRINT LEGIBLY!*** |
| **Date** |  |
| **First name** |  | **DoB** |
| **Surname** |  | **Gender** |
| **Postcode** |  | For **Care Home person only**: ⧠ resident ⧠ staff |
| **GP Practice** |  |
|  |
| **Clinical Screening** |
| **Screening Questions - Name of Clinical Screener:** |
| **Clinically Suitable?**⧠ yes⧠ no | *Exclusions:*1. *Received any other vaccination in last 7 days*
2. *Is currently unwell with fever*
3. *Previous* ***unexplained*** *anaphylaxis reaction*
4. *Previous serious allergic reaction to any ingredients of COVID vaccines, drug or other vaccine*

*1-3 Confirm with lead clinician**4 undiagnosed PEG allergy may have a history of unexplained anaphylaxis: Pfizer vaccine is contra-indicated for this group* | *Cautions:*1. *Is, or could be pregnant*
2. *Taken part in trial of potential COVID vaccine*
3. *Current symptoms of COVID infection*
4. *taking anticoagulation medicine/has bleeding disorder?*

*1-3* [*https://tinyurl.com/covidjab-green-book-ch14a*](https://tinyurl.com/covidjab-green-book-ch14a)*4 press for 2 mins; no jab if INR >4.0* |
| *Clinical Note if Exclusion or Caution* |
|  |
| **Consent** |
| **Consent** | Do you give consent to receive the vaccine? | ⧠ yes | ⧠ no |
| **Consent provided by** | ⧠ Patient ⧠ PoA ⧠ Appointed Deputy ⧠ Clinician using BI decision |
|  |
| **Outcome** |
| **Vaccinator name** |  |
| **Vaccine sequence** | ✓ First vaccination ⧠ Second vaccination |
| **Which Vaccine** | ⧠ 0.3ml Pfizer-BioNTech ⧠ 0.5ml AstraZeneca |
| **Injection site** | ⧠ Left deltoid ⧠ Right deltoid ⧠ Left thigh ⧠ Right thigh |
| **Time of Vaccination** |  |

|  |  |
| --- | --- |
| **Extra advice given** |  |
|  |
| **Vaccine Not Given : Details** |
| Dose sequence not given | ⧠ First vaccination ⧠ Second vaccination |
| Reason not given | ⧠ Generally feeling unwell / symptomatic⧠ Contraindications / clinically unsuitable⧠ Consent not obtained⧠ Other (specify) |