|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) |