

NSW HEALTH COVID-19 ASTRAZENECA (ChAdOx1-S) VACCINE - CONSENT FORM



Updated: 15 March 2021 (v2)

TRIM Ref: DG27943/21

Before completing this form, please make sure you have read the NSW Health [Information on COVID-19 AstraZeneca \(ChAdOx1-S\) vaccine](#).

Please also refer to the information on the reverse of this form.

PATIENT INFORMATION

Name:

Medicare number: _____ Position on card: __ Expiry date: / (not mandatory)

Date of birth: / /

Address:

Mobile phone number:

E-mail:

Gender: Male Female Other Prefer not to say

Are you Aboriginal and/or Torres Strait Islander?

Yes, Aboriginal only Yes, Torres Strait Islander only Yes Aboriginal and Torres Strait Islander No

Next of kin (in case of emergency):

Name:

Phone number:

CONSENT TO RECEIVE COVID-19 AstraZeneca (ChAdOx1-S) vaccine

I have received the information provided to me in the NSW Health [Information on COVID-19 AstraZeneca \(ChAdOx1-S\) vaccine](#) and have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions

I consent to receive a course of the COVID-19 AstraZeneca (ChAdOx1-S) vaccine that includes two doses separated by around 12 weeks

Patient's name:

Patient's signature:

Date: / /

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PROVIDER USE ONLY:

Dose	Date	COVID-19 vaccine brand name	Batch Number	Serial number	Site L arm (LA) R arm (RA)	Vaccination provider name (please print)	Vaccination provider signature
1							
2							

Applicable vaccination priority group for this person

Patient	<input type="checkbox"/> Custodial patient – public facility <input type="checkbox"/> Forensic Hospital patient	<input type="checkbox"/> Custodial patient – private facility
Staff	<input type="checkbox"/> Correctional staff – public facility <input type="checkbox"/> Health staff – NSW Health <input type="checkbox"/> Contractor (inc PPP staff) – NSW Health facility	<input type="checkbox"/> Correctional staff – private facility <input type="checkbox"/> Health staff – private correctional facility
Other	<input type="checkbox"/> Please specify:	

USE AND DISCLOSURE OF INFORMATION

Information collected as part of this process will be subject to the same use and disclosure rules as other health information collected by the NSW Public Health System. Please refer to the NSW Health [Privacy Leaflet for Patients](#).

Your personal and health information may be used and disclosed for purposes connected with the roll-out of the COVID-19 vaccine program, including sharing your information with the Australian Government and for surveillance, assessment and monitoring of the COVID-19 vaccine or vaccination program.

Your personal information held in NSW Health's database such as name, phone number and email address may be used to contact you following your vaccination for monitoring purposes. You may receive an SMS message or an email in the days following your vaccination and further direct follow-up by NSW Health staff.

If you are being offered vaccination on the basis of the type of work that you do, your employer may be contacted about your vaccination dates so that they can appropriately schedule staff at the workplace.

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