Care Home Resident

COVID-19 Vaccination Consent Form

The COVID-19 vaccination will reduce the risk of a person contracting SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). Like all medicines, no vaccine is completely effective and it takes a few weeks after the vaccine for the body to build up protection. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection. The vaccine cannot give a person COVID-19 disease, and two doses will reduce the chance of an individual becoming seriously ill or dying. An eligible person will still need to follow the guidance in place to reduce transmission of COVID-19, such as washing hands frequently, keeping social distance and wearing a face covering when necessary. Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them, they can include fever, headaches and rarely allergic reactions.

Details of Resident (to be completed by Care Home)

Full Name (first name and surname):	
CHI Number:	Date of Birth:
Care Home Address:	Ethnicity:
GP Practice Name and Address:	Gender (circle as appropriate): Male Female Prefer not to say

Resident consent for COVID-19 vaccination (please complete one box only)

I am the named person above and I give consent to receive the full course of COVID-19 vaccination
Name:
Signature:
Date:

I am the named person above and I <u>DO NOT</u> give consent to receive the full course of COVID-19 vaccination
Name:
Signature:
Date:

Thank you for completing this form. Please return it as soon as possible.