

# For the Power of Attorney or Welfare Guardian of a Care Home Resident unable to consent for themselves



## 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 headaches, fever and rarely allergic reactions.

The Mental Welfare Commission position is that a valid section 47 certificate that notes this, or the term “fundamental healthcare procedures”, would cover Covid-19 vaccine. Although the code of practice description of fundamental healthcare procedures does not include vaccinations, it is the Commission’s view that, in the context of a pandemic, vaccination can be viewed as fundamental. Best practice would be for the certificate to be written in line with the code of practice and specify Covid-19 vaccination, but this is not required.

### Details of Resident (to be completed by Care Home)

Full Name (first name and surname):											
CHI Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Date of Birth:
Care Home Address:	Ethnicity:										
GP Practice Name and Address:	Gender (circle as appropriate): Male                  Female                  Prefer not to say										

### Power of Attorney or Welfare Guardian consent for COVID-19 vaccination (please complete one box only)

<b>I give consent for the resident named above to receive the full course of COVID-19 vaccination</b>
Name:
Signature:
Date:

<b>I do not want to give consent for the resident named above receive the full course of COVID-19 vaccination</b>
Name:
Signature:
Date:

If, after discussion, you decide that you do not want to give consent for the above named resident to have the vaccine, it would be helpful if you would give the reasons for this below/on the back of this form.

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