

<p style="text-align: center;">BLIGH PARK FAMILY PRACTICE</p> <p style="text-align: center;">Shop 10, Bligh Park Shopping Centre Colonial Drive, Bligh Park, NSW 2756 Tel: 4572 7222 Fax: 4572 0230</p> <p style="text-align: center;">COVID Passport</p> <p>Name: _____ Dob: _____ 2nd dose date: _____</p> <p>You will receive a SMS on Days 3, 8 and 42 to ask about any adverse events. Click on the link from SmartVax and complete the survey.</p>	<p style="text-align: center;">Adverse Events Recording Information</p> <p>Mild-Moderate: Pain, swelling, tenderness, redness or itching at the injection site, Tiredness, Headache, Muscle pains, Nausea, Fever or chills, Joint pains, Feeling unwell, Enlarged lymph nodes, Pain in the limb, Dizziness, Decreased appetite, Stomach pains.</p> <p>These symptoms are usually mild and go away in 1-2 days. You can take paracetamol or ibuprofen for these symptoms. A cold compress can be used for injection site swelling.</p> <p>For mild-moderate symptoms, please call the NSW Public Health Unit on 1300 066 055 or the NPS on 1300 134 237 or report your symptoms at: https://www.tga.gov.au/reporting-suspected-side-effects-associated-covid-19-vaccine</p> <p>Severe: Severe allergic reactions including wheezing, difficulty breathing, a fast heart rate or collapse.</p> <p>Blood Clots can present as a severe persistent headache that appear 4-30 days <i>after</i> vaccination, does not improve with simple pain killers, may be worse when lying down, may be accompanied by nausea and vomiting / blurred vision / difficulty with speech / drowsiness / seizures / shortness of breath / chest pain / swelling in your leg / persistent abdominal pain / tiny blood spots under the skin away from the site of injection.</p> <p>For severe symptoms, call 000 or present to the Emergency Department of your nearest Hospital.</p>
<p>Prevaccination Checklist and Consent</p> <ul style="list-style-type: none"> • Do you have any serious allergies, particularly anaphylaxis, to anything? Yes/No • Have you had an allergic reaction after a vaccination? Yes/No • Have you had COVID-19 before? Yes/No • Have you had a COVID-19 vaccination in the past 1 month? Yes/No • Have received any other vaccination in the last 14 days? Yes/No • Are you breastfeeding? Yes/No • Are you pregnant or do you think you might be pregnant? Yes/No • Do you have a mast cell disorder? Yes/No • Do you have a history of Guillain-Barre Syndrome? Yes/No • Do you have a weakened immune system or had any immunoglobulins or blood product in the last 24 hours? Yes/No • Do you have a bleeding or clotting disorder including Cerebral venous sinus thrombosis or Heparin Induced Thrombocytopenia or take any medicine to thin your blood (Anticoagulant therapy)? Yes/No • Have you been sick with a cough, sore throat, fever or are feeling sick in another way? Yes/No • Are you under 60 years of age? Yes/No <p>I confirm that I agree to receive 2 doses of the COVID 19 vaccine and that the above does not apply to me.</p> <p>Signed: _____ Date: _____</p>	<p>Vaccine 1 Name – Astra Zeneca Covid-19</p> <p>Batch No –</p> <p>Date and time of vaccine 1 –</p> <p>Site –</p> <p>Given by –</p> <p>Post Vaccination observation -</p> <p>Recall Date -</p> <p>Vaccine 2 Name - Astra Zeneca Covid-19</p> <p>Batch No –</p> <p>Date and time of vaccine 2 –</p> <p>Site –</p> <p>Given by –</p> <p>Post Vaccination observation</p>