

# COVID VACCINE CONSENT FORM

## To receive Covid Vaccination from Stradbally Medical

Age	DOB	Name	Address	PPS Number

One completed form per person. Please complete and return to the surgery.

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### METHOD OF CONTACT

This is the best <b>mobile number</b> to send text notification of my vaccination time slot	This is the best <b>email address</b> to send email notification of my vaccination time slot	This is the best <b>landline telephone</b> number to send me phone notification of my vaccination time slot

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### CONSENT

I am aware that I will need to attend wearing a loose fitting short sleeved top under my coat.

I am aware that I will need to be observed for 15 minutes after receiving it.

I confirm that I have read the HSE booklet on the COVID-19 Pfizer/BioNTech vaccine (including side effects of the vaccine) which is available via either of the following links:

<https://stradballymedical.ie> (click on the COVID VACCINATIONS link on the home page then scroll down)

<https://stradballymedical.ie/wp-content/uploads/2021/02/Pfizer-vaccine-information-leaflet-1.pdf>

Hard copies of the booklet are also available from Stradbally Medical on request.

On that basis

I consent to being contacted regarding health issues by the practice by the means above.

I consent to receiving the Covid vaccination when it is available.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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Return this consent form completed to Stradbally Medical, Court Square, Stradbally, to register your wish have the Covid Vaccine injection. (Any time day/night through the letterbox).

**Without this consent form being filled out and returned in advance, we will not be able to schedule you for a vaccine when it becomes available.**

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