

**COVID-19 VACCINE RECORD****UNDER PATIENT GROUP DIRECTION**North Tees and Hartlepool  
NHS Foundation Trust

Complete all boxes - Client to complete self assessment and vaccine consent details

COVID VACCINE PROGRAMME - version 12 - Issued 03/10/2024

FIRST NAME:		SURNAME:		DATE OF BIRTH	
ADDRESS				POSTCODE	
NHS NUMBER		TEL NO		PAYROLL NO	
Directorate			Employer if not NTH Trust		
Department / Ward	Name, Address, Postcode				
GENDER	Male, Female, Prefer not to say		ETHNICITY		
JOB ROLE					

**PRE VACCINATION SELF-ASSESSMENT - PLEASE COMPLETE CIRCLING YES OR NO**

Do you have a history of anaphylaxis or significant allergic reaction to COVID-19 mRNA vaccines or any ingredient in COVID-19 mRNA vaccines?			YES / NO
Have you experienced myocarditis or pericarditis determined as likely to be related to previous COVID-19 vaccination?			YES / NO
Are you currently unwell with fever?			YES / NO
Have you had a COVID vaccine within the past 3 months?			YES / NO
Do you have a bleeding disorder or do you take any anticoagulant medication?			YES / NO
Do you take immunosuppressive medication or have a condition which may affect your immune system?			YES / NO
Do you consent to vaccination?	YES / NO	Client signature:	Date

**VACCINATOR TO COMPLETE THIS SECTION**

<b>COVID-19 VACCINE</b>	<b>Spikevax® JN.1 (0.1mg/mL) dispersion for injection</b> 0.5mL via intramuscular injection		<b>CONSENTED:</b> YES / NO	
BATCH NUMBER	BATCH EXPIRY	DEFROST EXPIRY	VACCINATION SITE: LEFT RIGHT	
PRINT VACCINATOR NAME		SIGNATURE	REG NO	DATE

DETAIL ANY ADVICE GIVEN OR ANY ADVERSE DRUG REACTION AND ACTIONS TAKEN. Adverse reactions should be recorded via Yellow Card Scheme.