

18 February 2021

Dear Resident or Family Member,

## **RE: Resident consent required for the Pfizer COVID-19 vaccine**

**I am writing to inform you that Calvary Flora McDonald Retirement Community has been selected as one of the first aged care facilities in Australia to roll out the 2021 Pfizer vaccine for vaccination against COVID-19.**

The rollout of the vaccine will be coordinated by SA Health, with a dedicated team of staff coming onsite for one (1) day to administer the vaccine to all consenting residents.

As per previous communications to residents and families, COVID-19 vaccination is a personal choice and entirely voluntary. **While vaccination is not mandatory, Calvary strongly recommends residents choose to be vaccinated against COVID-19 for their safety and wellbeing.**

The Pfizer vaccine has been approved by the Australian Government's Therapeutic Goods Administration (TGA) and is a safe, effective and cost-free way to keep you and your loved ones safe from the concerning effects on health associated with COVID-19 infection. For more information, please read the [Pfizer COVID-19 vaccine fact sheet](#), provided by the Department of Health (attached).

**Residents who wish to receive the vaccination will need to complete a consent form (attached) prior to being administered the vaccine. Residents who have not completed a consent form will not be given the vaccination. Please note that completion of page 3 only is required.**

While the date of vaccination has not yet been formally confirmed by SA Health, we expect that the vaccination day at Flora McDonald may be as early as in the first half of next week. **In order for us to be ready to commence vaccinations at short notice, we ask that you please complete the attached [Commonwealth Department of Health COVID-19 Vaccination Consent Form](#) and return to me as soon as possible.**

If after returning your consent to the facility you decide to not proceed with vaccination, you will be required to notify the facility in writing of your request to reverse your consent.

Please complete the information required below, sign and return this form in person via reception or by email to:

**Ryan Midgley**

General Manager Calvary Retirement Communities - SA

Email: [ryan.midgley@calvarycare.org.au](mailto:ryan.midgley@calvarycare.org.au)

I appreciate this is very sudden, and thank you for your prompt attention to this important matter. You can find more information, including translated information, on [the Department of Health's COVID-19](#)

[vaccines website.](#)

If you have specific queries about the benefits of vaccination or any potential side effects, please speak with your doctor. If you have any further questions please refer to the attached information or contact the facility.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "R. Midgley", with a stylized flourish at the end.

**Ryan Midgley**

General Manager Calvary Retirement Communities - SA



Australian Government



# Consent form for COVID-19 vaccination

## About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19.

The COVID-19 vaccination is free. You choose to have the vaccination or not.

To be vaccinated you will get a needle in your arm. You need to have the vaccination two times on different days. There are different brands of vaccine. You need to have the same brand of vaccine both times. The person giving you your vaccination will tell you when you need to have the second vaccination.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild and don't last for long. As with any vaccine or medicine, there may be rare and/or unknown side effects.

You can also tell your healthcare provider if you have any side effects like a sore arm, headache, fever or something else. If you have a side effect that worries you, please call your doctor. You may be contacted within the week after receiving the vaccine to see how you are feeling after vaccination.

Some people may still get COVID-19 after vaccination. So you must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people
- washing your hands often with soap and water, or use hand sanitiser
- wear a mask, if your state or territory has advised you should
- stay home if you are unwell with cold or flu-like symptoms and arrange to get a COVID-19 test.

Vaccination providers record all vaccinations on the Australian Immunisation Register, as required by Australian law. You can view your vaccination record online through your:

- Medicare account
- MyGov account
- MyHealthRecord account.



## How is the information you provide at your appointment used

For information on how your personal details are collected, stored and used visit <https://www.health.gov.au/covid19-vaccines>

## On the day you receive your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

- Have any allergies, particularly anaphylaxis (a severe allergic reaction). An allergy is when you come near or in contact with something and your body reacts to it and you get sick very quickly. This may include things like an itchy rash, your tongue getting bigger, your breathing getting faster, you wheeze or your heart beating faster.
- If you have an Epi Pen or have had one before.
- If you are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases. Sometimes a disease like diabetes or cancer can cause this or certain medicines or treatments you take, such as medicine for cancer.

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any serious allergies, particularly anaphylaxis, to anything, or carry or have been prescribed an adrenaline autoinjector (EpiPen)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an allergic reaction after being vaccinated before?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had COVID-19 before?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take any medicine to thin your blood (an anticoagulant therapy)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a weakened immune system (immunocompromised)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant (having a baby) or think you might be pregnant?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to get pregnant?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you breastfeeding?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been sick with a cough, sore throat, fever or are feeling sick in another way?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a COVID-19 vaccination before?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have received any other vaccination in the last 14 days?  |

Please talk to your doctor if you have any questions or concerns before getting your COVID-19 vaccination.

## Patient information

Name:

Medicare number:

Date of birth:

Address:

Phone contact number:

e-mail:

Sex: Use drop down

Are you Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
- Yes, Torres Strait Islander only
- Yes Aboriginal and Torres Strait Islander
- No
- Prefer not to answer

Next of kin (in case of emergency):

Name:

Phone contact number:

### Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination
- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider
- I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)

Patient's name:

Patient's signature: \_\_\_\_\_

Date:

- I am the patient's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

Legal guardian/substitute decision-maker's name:

Legal guardian/substitute decision maker's signature: \_\_\_\_\_

Date:

## For provider use:

**Dose 1:** Date vaccine administered:

Time received:

COVID-19 vaccine brand administered:

Batch no:

Serial no:

Site of vaccine injection:

Name of vaccination service provider:

**Dose 2:** Date vaccine administered:

Time received:

COVID-19 vaccine brand administered:

Batch no:

Serial no:

Site of vaccine injection:

Name of vaccination service provider: