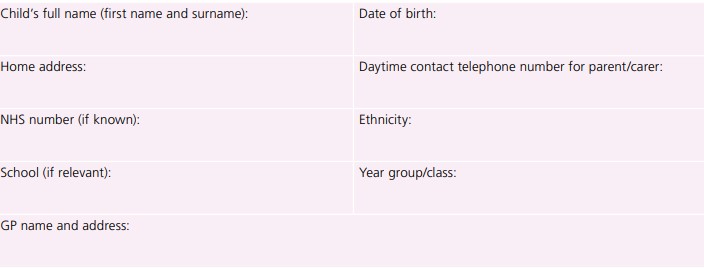


The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. Further information can be found on the DfE website: <https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>Please discuss the vaccination with your child, then complete this form by:

Information about the vaccinations will be put on your child’s health records.

**Ask ALL patients ALL questions below and tick if any apply**

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| **EXCLUSION CHECKLIST – tick any that apply**   * **Has your child tested positive for COVID-19 in the last 28 days (by a lateral flow test or a PCR test)?** * **Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?** * **Has the individual had any vaccination in the last 7 days?** * **Is the individual currently unwell with fever?** * **Has the individual ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?** * **Has the individual ever had an unexplained anaphylaxis reaction?** * **Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?** * **Does the individual have a history of capillary leak syndrome?** * **None of the above** |

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| **CAUTION CHECKLIST – tick any that apply**   * **Has the individual indicated they are, or could be pregnant?** * **Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?** * **Is the individual taking anticoagulant medication, or do they have a bleeding disorder?** * **Does the individual currently have any symptoms of Covid-19 infection?** * **None of the above** |

