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## **AstraZeneca Covid Vaccine Consent Form**

### **(adults aged between 18 years and 60 years)**

There is evidence of a link between the AstraZeneca vaccine and an extremely rare blood clotting syndrome (thrombosis with thrombocytopenia).

The recommendation from the Australian Technical Advisory Group on Immunisation (ATAGI) is that use of Comirnaty COVID-19 vaccine (Pfizer) is preferred over AstraZeneca COVID-19 vaccine in adults aged between 18 years and 60 years who have not already had a first dose of the AstraZeneca vaccine.

If you are an adult aged between 18 years and 60 years, you should only receive a dose of AstraZeneca COVID-19 vaccine where the benefit of receiving the vaccine clearly outweighs the risk in your individual circumstance. Please discuss your individual benefit-to-risk balance with your regular doctor.

**Name of person to be vaccinated:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Medicare No:** \_\_\_\_\_ **Line No:** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**Regular GP name:** \_\_\_\_\_

**I understand that there is a possible risk of thrombosis with thrombocytopenia after receiving the AstraZeneca vaccine. And I have discussed with my regular GP and recommended to receive the AstraZeneca vaccine. I am over 18 years of age and under 60 years of age.**

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_