

Appendix B - Individual Patient assessment to assist the creation of Patient Specific Direction for the administration of Pfizer BioNTech COVID-19 mRNA Vaccine BNT 162b2 [to be adapted]

Name		Date of Birth	
Surname			
Home Address			
		Post Code	

Assessors Name or another identifier:		ID		
Please ask the person presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects				
Are you currently unwell with fever?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Have you ever had any serious reaction to a vaccination that needed admission to hospital?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you have any allergies to medicine or food resulting in anaphylaxis or hospital admission?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Are you pregnant or planning to be pregnant within the next 2 months?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Are you breast feeding?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Has the patient been counselled re vaccine purpose and side effects? (please refer to Covid-19 vaccine guide attached)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do they consent to vaccination?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If any of the boxes in red are ticked, then a further review by the prescriber must take place.

If you or the person presenting for are uncertain as to the response or counselling, they receive they must be brought to the attention of the prescriber