For the LPA or deputy of an RHN patient/resident unable to consent for themselves

COVID-19 vaccination consent form

PLACE PATIENT LABEL HERE								
Name								
DOB								
NHS No								
MPI								
Consultant/GP								
Ward								

The COVID-19 vaccination will reduce the risk of a person contracting SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19).

Like all medicines, no vaccine is completely effective and it takes a few weeks after the vaccine for the body to build up protection. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection.

The vaccine cannot give a person COVID-19 disease, and two doses will reduce the chance of an individual becoming seriously ill or dying. An eligible person will still need to follow the guidance in place to reduce transmission of COVID-19, such as washing hands frequently, keeping social distance and wearing a face covering when necessary.

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Please review the product information for more details on the vaccine and possible side effects at **nhs.uk/Coronavirus**

Attorney or deputy for Health and Welfare consent for COVID-19 vaccination (please complete one box only). If you are consenting on behalf of a woman of child bearing age, please ensure you have read the detailed guide to pregnancy and breastfeeding leaflet or view it here: www.nhs.uk/covidvaccination

I give consent for the resident named above to receive the full course of COVID-19 vaccination	I do not want to give consent for the resident named above to receive the full course of COVID-19 vaccination					
Name	Name					
Signature	Signature					
Date	Date					

If, after discussion, you decide that you do not want to give consent for the above named resident to have the vaccine, it would be helpful if you would give the reasons for this below.