

For an RHN patient/resident able to consent for themselves

## COVID-19 vaccination consent form

PLACE PATIENT LABEL HERE

Name	
DOB	D D M M Y Y Y Y
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](https://www.nhs.uk/Coronavirus)

### Consent for a course of COVID-19 vaccination (please complete one box only)

If you are a woman of childbearing age, please ensure you have read the detailed guide to pregnancy and breastfeeding leaflet or view it here: [www.nhs.uk/covidvaccination](https://www.nhs.uk/covidvaccination)

I want to receive the full course of COVID-19 vaccination

Name	
Signature	
Date	

I do not want to receive the full course of COVID-19 vaccination

Name	
Signature	
Date	

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



Royal Hospital for  
Neuro-disability

Thank you for completing this form.  
Please return it as soon as possible.