**Welsh Immunisation System paper back up**

**This form is for use by staff involved in administration of COVID-19 vaccination. All data requested on the form must be completed. This form should not be used as a main record but is available to support the recording of data on the Welsh Immunisation System (WIS). Data recorded on this form should be entered into WIS as soon as this is possible.**

**Please inform patient:** Your personal information and any immunisation you have will be recorded and shared within the NHS for the purpose of record-keeping and vaccine-monitoring. If they wish to find out how the NHS uses their information, signpost to: **https://111.wales.nhs.uk/AboutUs/yourinformation/**

**PLEASE USE BLOCK CAPITALS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date attended | | | | Time attended | | | |
| Surname | | | | First name | | | |
| Sex (not mandatory to ask) | Not known | M | F | Not specified | Date of birth (DD/MM/YYYY) | | |
| Ethnic group* | | | | | Care home resident | Yes | No |
| Address | | | | | | | |
| | Postcode | | | | | | |
| Eligibility Group* | | | | | Telephone number | | |
| Email address | | | | | Mobile number | | |
| Immunisation location name | | | | | GP Practice | | |
| Immunisation location address | | | | | | | |
| Preferred contact language | English | Welsh | | | Preferred contact method | Letter | Telephone | Text |

## Employment details*

**(health and social care workers)**

| | | | |
|---|---|---|---|
| Patient facing (circle one) | | Sector | |
| Employing organisation | | Main location of work (local authority) | |
| Job role | | Unpaid carer | Yes / No |

## Patient assessment

| | | |
|---|---|---|
| Do you give consent? | Yes | No |
| Do you have any allergies? | Yes | No |
| Have you ever had an anaphylaxis to any medicine or vaccine or food or that was unexplained? | Yes | No |
| Have you received any vaccine in the last 7 days? | Yes | No |
| Are you pregnant? | Yes | No |
| Is there any contraindication to or reason to postpone vaccination today? | Yes | No |

Eligibility notes (other relevant details):

***see paper consent form reference list**

## Vaccination details

| Date and time | 1.Vaccine and product name<br>2. Diluent manufacturer* | Batch number<br>1.Vaccine<br>2. Diluent* | Expiry date | Site of injection | Route of administration | Dose (please tick) | |
|---|---|---|---|---|---|---|---|
| | | | | | | 1st | 2nd |
| | | | | | | | |
| | | | | | | | |

*Only necessary for Pfizer COVID-19 vaccine

| Name of immuniser<br>(please PRINT legibly) | Signature of immuniser |
|---|---|
| | |
| | |

## Adverse reaction record

| Adverse reaction<br>(please circle) | Yes No | Type of adverse reaction<br>(please tick) | | |
|---|---|---|---|---|
| | | | Local reaction only | |
| | | | Syncope (faint) | |
| | | | Allergic reaction (but not anaphylactoid) | |
| | | | Anaphylactoid reaction | |
| | | | Full anaphylaxis | |

Adverse reaction notes: