

For the Attorney of an Evergreen Lifestyle Village Care Centre Resident unable to consent for themselves

COVID-19 vaccination consent form

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 it 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.

Details of Resident (to be completed by Evergreen Health Care Centre /Residential Evergreen Lifestyle Village

Full name (first name and surname):

Identity number:

Date of birth:

Care Home address:

Ethnicity:

GP Practice name and address:

Gender (circle as appropriate):

Male

Female

Prefer not to say

MEDICAL AID DETAILS NAME AND NUMBER :

Attorney for Health and Welfare consent for COVID-19 vaccination (please complete one box only)

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 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/on the back of this form (and return to the provider).

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

Office use only

Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Brand of Vaccine	Immuniser name and signature (please print)	Where administered (care home, home, GP etc)
	L arm	R arm				
First						