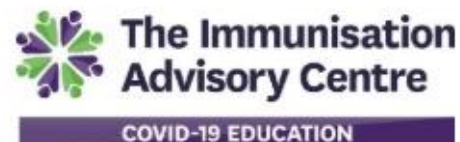


Consent for a third dose of Pfizer/BioNTech Comirnaty COVID-19 vaccine



Part 1 of 2 – Patient consent

Patient full name			
Date of Birth		NHI	
Address			
Phone number			

The Pfizer/BioNTech Comirnaty COVID 19 vaccine is not approved for a third dose in New Zealand.

Your consent is required for the administration of a third dose of the Pfizer/BioNTech Comirnaty COVID 19 vaccine. A third dose is being offered (please delete those which don't apply) because of:

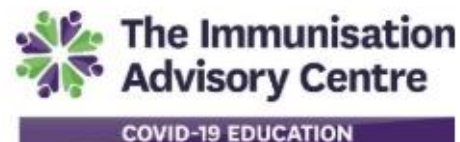
1. Dilution errors or uncertainties (Extension dose),
2. Potency errors including cold chain, out of date vaccine or two doses <15 days apart (Replacement dose); or
3. Third priming dose e.g., Immunocompromise or other reason.

Please read the points below carefully. Then if you agree, sign and date this form and give it to the vaccinator.

- a. I understand that I have some protection from severe illness and hospitalisation from COVID-19 from the vaccines I have already received but that the protection may be low or not long lasting. Protection may be less if I am over 60 years or immunocompromised.
- b. I understand it is likely that the risk of side effects is probably similar to that of the second dose.
 - The rate of more severe events such as myocarditis and anaphylaxis are not known for the third dose. For the Pfizer/BioNTech Comirnaty COVID 19 vaccine the rate of anaphylaxis is between 5-11 cases per million and myocarditis is less than 1 in a million overall.
 - The more common side effects are: Muscle aches, headache, fever, and fatigue. The rates of these adverse events may not be accurate for third doses.
- c. I have had an opportunity to discuss this with a medical professional, to ask questions and have those questions answered.
- d. I consent to receiving a third dose of the COVID-19 vaccine.

Patient signature			
Date			
Name of Medical Practitioner		Medical Practitioner Signature	
Date			

Consent for a third dose of Pfizer/BioNTech Comirnaty COVID-19 vaccine



Part 2 of 2 - At the time of vaccination

Your confirmation is required to ensure that you continue to consent to the administration of a third dose of the Pfizer/BioNTech Comirnaty COVID 19 vaccine and have had the opportunity to ask further questions and have additional discussion if required.

Patient Name	
Patient signature	
Date	
Site Clinician Lead Name	
Site Clinician Lead Signature	
Date	

Notes

1. A prescription must be written for third dose by Medical Practitioner
2. Vaccinator to retain this form.