## A. Vaccine details

- Pfizer Comirnaty
- AstraZeneca

## B. Are you or the person to be vaccinated able to make decisions about your healthcare?

- Yes ➔ **GO TO section C**
- No ➔ **COMPLETE section B**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

<table>
<thead>
<tr>
<th>Name of substitute decision-maker:</th>
<th>Category of substitute decision-maker:</th>
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## C. Is an interpreter required?

- Yes ➔ **COMPLETE section B**
- No ➔ **GO TO section D**

If yes, the interpreter has:
- provided a sight translation of the informed consent form in person
- translated the informed consent form over the telephone

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<thead>
<tr>
<th>Name of interpreter:</th>
<th>Interpreter code:</th>
<th>Language:</th>
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## D. Person/substitute decision-maker consent

I acknowledge that:
- I have read and understood the information provided in the “Queensland COVID-19 Vaccination Information” resource which includes details regarding all real and potential side effects associated with having the COVID-19 vaccination.
- I am aware I can discuss the benefits and risks of having the COVID-19 vaccination by telephoning 134 COVID (13 42 68) or discuss with my doctor or vaccination centre health professional.
- I understand that consent can be withdrawn at any time before vaccination.

On the basis of the above statements, I hereby give consent to receive/or the person to receive, the recommended doses of the COVID-19 vaccine.

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<tr>
<th>Name of person/substitute decision-maker:</th>
<th>Signature:</th>
<th>Date:</th>
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## E. Additional health worker comments

- Enter comments here...

- Enter comments here...

- Enter comments here...