

For a Relative of a Care Home Resident
unable to consent for themselves

COVID-19 vaccination relative's view 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 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 read the product information for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card. You can also report suspected side effects on the same website or by downloading the Yellow Card app. Visit coronavirus-yellowcard.mhra.gov.uk

Details of Resident (to be completed by Care Home)

Full name (first name and surname):	
NHS number: 	Date of birth:
Care Home name and address:	Ethnicity:
GP Practice name and address:	Gender (circle as appropriate): Male Female Prefer not to say

Relative Agreement for COVID-19 vaccination (please complete one box only)

If you are considering the issue on behalf of 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

I would agree with a decision that it is in the best interests of the resident named above to receive the full course of COVID-19 vaccination	I would not agree with a decision that it is in the best interests of the resident named above to receive the full course of COVID-19 vaccination
Name	Name
Signature	Signature
Date	Date

If, after discussion, you decide that you do not agree that it is the best interests of 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)
First	L arm	R arm				
Second	L arm	R arm				