

## VACCINATION SAFETY CHECK LIST

### Vaccine Safety Check

\*Have you had a positive test for COVID – 19 in the last 28 days? No

Yes  advise patient vaccine cannot proceed

\*Have you had any vaccine (including for flu) in the last 7 days?

No

Yes  advise patient vaccine cannot proceed

\*Have you had a serious allergic reaction to any medicine?

No

Yes  please seek medical advice to proceed

\*Have you had a serious allergic reaction to any vaccine?

No

Yes  please seek medical advice to proceed

Proceed to vaccinate Yes

No

### Reason for not vaccinating

Deferred due to family refusal

Deferred due to illness

Deferred due to patient refusal

Advised by GP