COVID-19 Vaccination - HelixHub Offline Form

HelixHub
By Telstra Health UK

Basic Information

First Name(s)	Last Name(s)
Date of Birth	Telephone
Postcode	Address
GP Practice	NHS Number

Encounter Details

Care Setting Type

- ☐ Onsite
- ☐ Home of Housebound Patient
- ☐ Roving at a Care Home
- ☐ Roving at a Residential Facility
- ☐ Roving at a Detained Setting

Vaccine Type

- ☐ Vaxzervia® AstraZeneca
- ☐ Spikevax® (Moderna)
- ☐ Comirnaty® Children 5-11 years (paediatric Pfizer)
- ☐ Comirnaty® (Pfizer/BioNtech)
- ☐ Spikevax® 0 (Zero)/O Omicron (Moderna)
- ☐ Other (Please Specify):

Dose

☐ First ☐ Second ☐ Booster

Eligibility Criteria

(Tick any that apply to the patient)

- ☐ Individual is in a care home
- ☐ Individual is working in a care home
- ☐ Individual is a Health Care Worker
- ☐ Individual is a Social Care Worker
- ☐ Individual is Homeless/Lives in a Closed Setting
- ☐ Individual is Immunosuppressed
- ☐ Individual is in a Household with Immunospuressed People
- ☐ Individual is a Carer
- ☐ Individual needs to be re-vaccinated as a result of CAR-T Therapy/Stem Cell Transplant
- ☐ Individual meets Age Criteria for Vaccination
- ☐ Individual is eligible for COVID-19/Seasonal Flu vaccine due to being ‘At Risk’
- ☐ Individual is eligible for COVID-19/Seasonal Flu vaccine due to pregnancy

Ethnic Category:

Clinical Screening

(Tick any that apply to the patient)

- ☐ Individual is currently unwell with fever, or having symptoms of COVID-19
- ☐ Individual is aged 18 or over, and has had symptoms of COVID-19 or tested positive for COVID-19 over the last 4 weeks
- ☐ Individual has been vaccinated against shingles in the last 7 days
- ☐ Individual has a history of Anaphylaxis, Reaction to a previous dose of COVID-19 vaccine or Significant unexplained allergies
- ☐ Individual has informed you they are currently or have been in a trial of potential coronavirus vaccine
- ☐ Individual has been previously diagnosed with COVID-19 vaccine-related myocarditis or pericarditis
- ☐ Individual has history of capillary leak syndrome
- ☐ Individual has history of Idiopathic Thrombocytopenia (ITP)
- ☐ Individual is taking anticoagulant medication, or has a bleeding disorder

Vaccination Record

Patient Consent

1. They agree to be given a vaccine by a trained clinician
2. They declare that the information given is correct and complete

Patient Consent Given? ☐ Yes ☐ No

Clinician’s Approval

Is the individual suitable to receive a vaccine today? ☐ Yes ☐ No

Clinical Notes:

Responsible Clinician:	Responsible Drawer:
Drawn up by:	Administered by:

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Vaccination Record

Vaccine:	Dose amount:
Batch/Lot No:	Serial No:
Date Administered:	Time:
Route of Administration:	Site of Administration:
National Protocol:	

Entered into HelixHub on (Date):
By: