

# COVID-19 Vaccination – Helix Offline Form



## Basic Information

First Name(s)	<input type="text"/>	Last Name(s)	<input type="text"/>
Date of Birth	<input type="text"/>	Telephone	<input type="text"/>
Post Code	<input type="text"/>	Address	<input type="text"/>
GP Practice	<input type="text"/>	NHS Number	<input type="text"/>

## Encounter Details

Care Setting Type

<input type="checkbox"/> Onsite	<input type="checkbox"/> Roving at a Care Home	<input type="checkbox"/> Roving at a Detained Setting
<input type="checkbox"/> Home of Housebound Patient	<input type="checkbox"/> Roving at a Residential Facility	

Vaccine Type

<input type="checkbox"/> Spikevax JN.1 COVID-19 mRNA Vaccine 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc)	<input type="checkbox"/> Comirnaty JN.1 Children 5-11 years COVID-19 mRNA Vaccine 10micrograms/0.3ml dose dispersion for injection single dose vials (Pfizer Ltd)
<input type="checkbox"/> Comirnaty JN.1 COVID-19 mRNA Vaccine 30micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd)	<input type="checkbox"/> Comirnaty JN.1 Children 6 months - 4 years COVID-19 mRNA Vaccine 3micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)
	<input type="checkbox"/> Other (please specify): <input type="text"/>

Dose

<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Booster
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## Eligibility Criteria (Tick any that apply to the patient)

<input type="checkbox"/> Individual is in a care home	<input type="checkbox"/> Individual is in a household with Immunosuppressed people
<input type="checkbox"/> Individual is working in a care home	<input type="checkbox"/> Individual is a Carer
<input type="checkbox"/> Individual is a Health Care Worker	<input type="checkbox"/> Individual needs to be re-vaccinated as a result of CAR-T Therapy/Stem Cell Transplant
<input type="checkbox"/> Individual is a Social Care Worker	<input type="checkbox"/> Individual meets Age Criteria for Vaccination
<input type="checkbox"/> Individual is Homeless/Lives in a Closed Setting	<input type="checkbox"/> Individual is eligible for COVID-19 vaccine due to being 'At Risk'
<input type="checkbox"/> Individual is Immunosuppressed	<input type="checkbox"/> Individual is eligible for COVID-19 vaccine due to pregnancy

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## Clinical Screening *(Tick any that apply to the patient)*

- Individual has a history of Anaphylaxis, or significant allergic reactions to any vaccines or it's ingredients
- Individual has experienced serious reaction after previous COVID-19 doses
- Individual has indicated they are, or could be pregnant

## Encounter Details

Patient Consent	1. They agree to be given a vaccine by a trained clinician	Patient Consent Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. They declare that the information given is correct and complete		

Clinician's Approval	Is the individual suitable to receive a vaccine today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Clinical Notes

Responsible Clinician

Responsible Drawer

Drawn up by

Administered by

## Vaccination Record

Vaccine	<input type="text"/>	Dose Amount	<input type="text"/>
Batch/Lot No	<input type="text"/>	Serial No	<input type="text"/>
Date Administered	<input type="text"/>	Time	<input type="text"/>
Route of Administration	<input type="text"/>	Site of Administration	<input type="text"/>
National Protocol	<input type="text"/>		

Entered into Helix on (Date)

Entered by