

PFIZER (COMINARTY)/ASTRA ZENECA VACCINE OBSERVATION FORM

Vaccination Time:

DATE	INTERVAL POST VACCINATION	TIME	TEMP	PULSE	RESP	BP	PAIN AT SITE	SWELLING AT SITE	TIREDNESS	HEADACHES	MUSCLE PAIN	CHILLS	FEVER	JOINT PAIN	SIGNATURE
	BASELINE OBS														
	30 MINS														
	30 MINS														
	1 HR														
	1 HR														
	1 HR														
	2HRS														
	2 HRS														
	4HRS														
	DAY 2														
	DAY 3														

VACCINATION PROVIDERS TO OBSERVE FOR THE FIRST 15 MINS POST VACCINATION
FACILITY TO OBSERVE CLOSELY FOR THE FIRST 12HRS AND THEN DAILY FOR 2 DAYS
BASE LINE OBS PRE VACCINATION - T P R BP

OBS POST VACCINATION - 1/2 HRLY FOR 1HR. 1HRLY FOR 3HRS. 2HRLY FOR 4HRS THEN 4TH HRLY - UNTIL 12HRS THEN DAILY TEMP AND SIDE EFFECTS MONITORING.
WHERE AREAS GREYED OUT OBS NOT REQUIRED UNLESS CLINICALLY INDICATED

REPORT TO CLINICAL LEAD IF ANY CONCERNS WITH RESIDENT OBSERVATIONS

All serious events/adverse events following immunisation are to be reported. Please see reporting requirements detailed in the Aged Care Toolkit available on the COVID webpage

Please upload completed document to client record