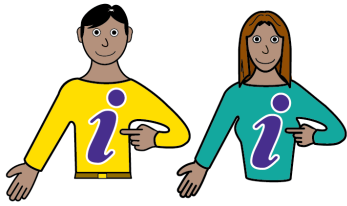


# Consent Form for Coronavirus Vaccine First Dose.

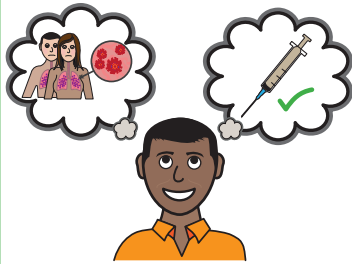
This is for people who have capacity



Name.

NHS number.

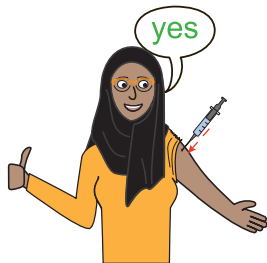
Date of Birth.



I am here to have the first Coronavirus vaccine.  
My second vaccination will be in 10-12 weeks after my first vaccine.



I have seen the information in a way I can understand.

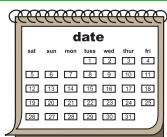


I would like to say yes to the Coronavirus vaccine.

I would like to say **yes** to the Coronavirus vaccination.



I would like to say **no** to the Coronavirus vaccination.



Date



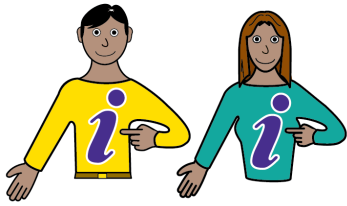
Vaccination given



Signed

# Consent Form for Coronavirus Vaccine Second Dose.

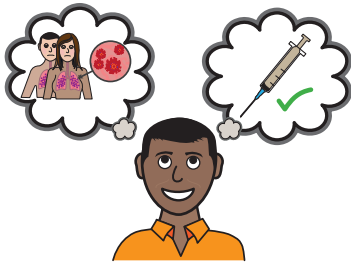
This is for people who have capacity



Name.

NHS number.

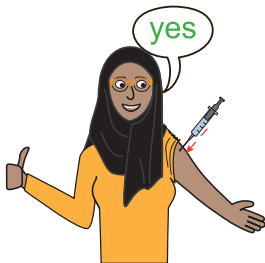
Date of Birth.



I am here to have the second Coronavirus vaccine.



I have seen the information in a way I can understand.

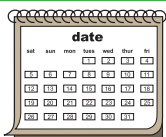


I would like to say yes to the Coronavirus vaccine.

I would like to say **yes** to the Coronavirus vaccine.



I would like to say **no** to the Coronavirus Vaccine.



Date



Vaccine given



Signed