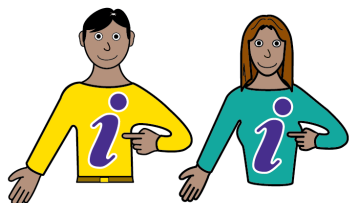


Consent form for Coronavirus Vaccine First Dose.

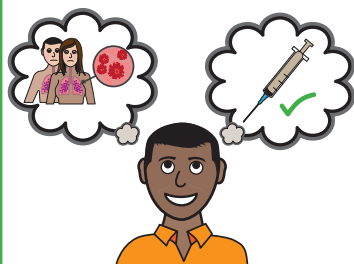
This is for people who have capacity



Name.

NHS number.

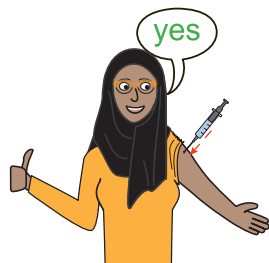
Date of Birth.



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



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

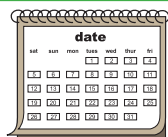


I would like to say yes to the Coronavirus vaccination.

I would like to say
yes to the Coronavirus
vaccination.

☐

I would like to say
no to the Coronavirus
vaccination.

☐

Date



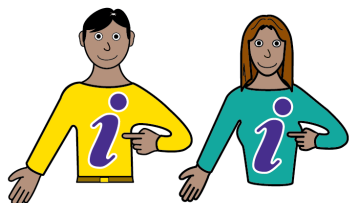
Vaccination given



Signed

Consent form for Coronavirus Vaccine Second Dose.

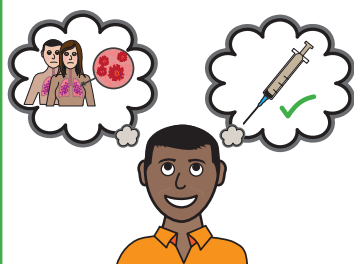
This is for people **who have capacity**



Name.

NHS number.

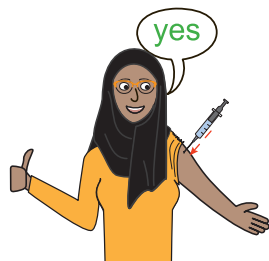
Date of Birth.



I am here to have the second Coronavirus vaccine.



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

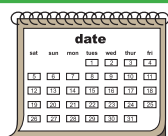


I would like to say yes to the Coronavirus vaccination.

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

☐

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

☐

Date



Vaccination given



Signed