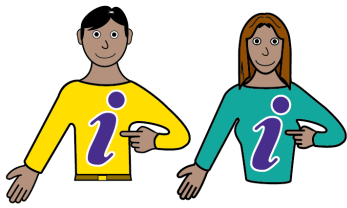


Consent Form for Coronavirus Vaccine Booster.

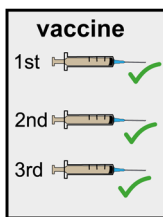
This is for people who have capacity



Name.

NHS number.

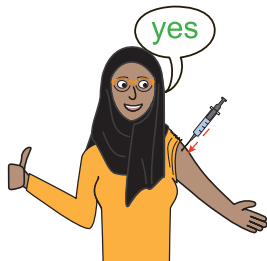
Date of Birth.



I am here to have the Coronavirus booster vaccine.



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



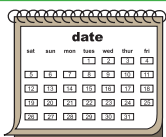
I would like to say yes to the Coronavirus booster vaccine.

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



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

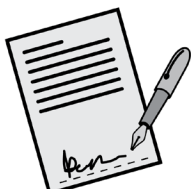




Date



Vaccination given



Signed