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.



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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