**INPATIENT COVID-19 VACCINATION REFERRAL FORM**

**Exclusion criteria:**

* Within 28 days of a positive Covid-19 test result
* Covid-19 isolation or cohort bay
* Previous 1st dose of Covid-19 vaccination < 11 weeks (unless clinically indicated e.g. about to commence immunosuppressive therapy)
* Participation in any Covid-19 vaccination trial
* Current fever, infection or receiving IV antibiotics

**Inclusion Criteria:**

* Length of stay > 21 days
* Meets the current JCVI priority criteria for vaccination

**Please print details**

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| **Patient Details** | | **Referrer Details** | |
| Patient Name |  | Name |  |
| Hospital Number |  | Role |  |
| NHS  Number |  | Ward/  Specialty |  |
| Date of Birth |  | Contact Number |  |
| Estimated discharge date |  | Date of Referral |  |

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| --- | --- |
| **Please complete all fields** | YES |
| **Patient has capacity:** Patient offered vaccination and record of conversation recorded in healthcare record |  |
| **Patient lacks capacity:** best interests discussion with appropriate members of multidisciplinary team and/or next of kin/carer has taken place and record of discussion recorded in healthcare records |  |
| **Vaccine prescribed on Medication Chart in STAT (once only) section:**  Date:  Prescription: Covid-19 Vaccination (AstraZeneca)  Dose: 0.5ml  Route: IM  Time: STAT  Prescriber: |  |

**Please note:** referrals will be collated until a sufficient number are received to ensure appropriate use of doses per vial. Contact will be made with the ward.

**Please email completed referral to:** [**sft.inpatientvaccinations@nhs.net**](mailto:sft.inpatientvaccinations@nhs.net)