

COVID-19 Vaccination: Allergy Form

Version 3.0 March 11, 2021

- **Highlights of changes**

- Updated for AstraZeneca COVID-19/COVISHIELD vaccine
- Updated details of documentation requirements

This guidance provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

- Please check the Ministry of Health (MOH) [COVID-19](#) website regularly for updates to this document, mental health resources, and other information,
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

COVID-19 vaccination in specific allergy populations requires an assessment of the allergy and informed consent achieved through a discussion with a health care provider about the risks and benefits of vaccination in light of the risk of severe allergic reaction to COVID-19 vaccines in these specific populations. Documentation must be completed by an allergist/immunologist and provided to the immunization clinic for inclusion in the client record when the assessment determines that immunization can be safely provided in a general vaccine clinic. **Documentation** of the discussion with the allergist/immunologist must include a vaccination care plan (including what types of parameters the clinic should meet to provide safe vaccination administration, e.g., availability of advanced medical care), details/severity of the previous allergic episode(s), confirm that appropriate counselling on the safe administration of vaccine was provided, and include the date, the clinician's name, signature and contact information, as well as the individual's name and date of birth.

A Sample Allergy Documentation form can be found on Page 3 of this document.

The following populations must complete additional documentation prior to vaccination:

- 1) Individuals who have had a severe allergic reaction or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components should not receive the COVID-19 vaccine prior to an assessment by an allergist/immunologist, nor should they receive the vaccine in a general vaccine clinic. An urgent referral to an allergist/immunologist is recommended for these individuals. Such an assessment is required to assess the method for possible (re)administration of a COVID-19 vaccine.
- 2) Individuals who have had an allergic reaction within 4 hours of receiving a previous dose of a COVID-19 vaccine or any of components of the COVID-19 vaccine should not receive a COVID-19 vaccine unless they have been evaluated by an allergist/immunologist and it is determined that the person can safely receive the vaccine. The components include polyethylene glycol, tromethamine and polysorbate.

See [Vaccination Recommendations for Special Populations](#) for additional information.

COVID-19 Vaccination: Sample Allergy Form

Version 3.0 March 8, 2021

Date (YYYY/MM/DD):			
<p>COVID-19 Vaccination in Special Allergy Populations requires an assessment of the allergy and informed consent obtained through a discussion with a health care provider about the risks and benefits of vaccination in light of the risk of severe allergic reaction to COVID-19 vaccines in these populations. An allergist/immunologist should complete this form together with the individual and attach a vaccination care plan (including what types of parameters the clinic should meet to provide safe vaccination administration, e.g., availability of advanced medical care) as well as a description of the allergic reaction/allergy including the nature and severity of the previous allergic episode. See Vaccination Recommendations for Special Populations for additional information.</p>			
Client Information			
Name:			
	Last		First
DOB:			OHIP/HCN:
	YYYY/MM/DD		
To be completed by the allergist/immunologist			
<p>The aforementioned individual and I have had a risk/benefit discussion regarding vaccination for COVID-19. A vaccination care plan is attached.</p>			
Clinician Signature:			Patient Signature:
Clinician Name:			
Clinic Phone #:			Clinic Fax #: