

COVID-19 CLIENT DETAIL – APPOINTMENT BOOKING FORM

First Name _____ Middle Name _____ Last Name _____

Gender (indicate): Female Male Other If Female Please Indicate: Pregnant Not pregnant

Date of Birth: ____/____/____ Age: ____ **!** You will need to bring age identification with you to pharmacy at the time of your appointment.

Indicate which vaccination cohort (if unsure please ask a member of the pharmacy team)

Residents and sta of long term care facilities	<input type="checkbox"/>	Key workers essential to the vaccination programme	<input type="checkbox"/>
Front line Health Care Workers	<input type="checkbox"/>	People living or working in crowded settings	<input type="checkbox"/>
People with a VERY HIGH risk medical condition	<input type="checkbox"/>	Allocation group based on age	<input type="checkbox"/>
People with a HIGH risk underlying condition	<input type="checkbox"/>		

Mothers Birth Surname: _____

Nationality: _____

Ethnicity:

Irish	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>	Other (including mixed background)	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>		
African	<input type="checkbox"/>	Roma	<input type="checkbox"/>		

PPS Number: _____ No PPS Number

Reason No PPS Number: _____

Email address: _____

Mobile: _____ Alternate Contact No: _____

Address Details:

Eircode (if available): _____

GP Details

GP Name: _____

GP Practice Name: _____

GP Address: _____

GP Eircode: _____ Not Registered with a GP

GP Phone Number: _____

Please sign and date to confirm the following on the day of your appointment and bring this form with you.

- You do not have any current symptoms of Covid 19
- You have been diagnosed with Covid 19 in the last 4 weeks.
- You have not been told you are a close contact of someone with Covid 19
- You have not been told you should isolate
- You have not recently returned from foreign travel

Signed _____ Dated _____