

COVID-19 Vaccination - additional support & reasonable adjustments

| Name: | Dob: | NHS No: |
|----------|------|---------|
| Address: | | Date: |

NB: If vaccination is being undertaken in the person's best interests, separate documentation should be completed to demonstrate Mental Capacity Assessment & Best Interests process has been followed.

| Questions | | Yes | No | |
|--|--|-----|----|--------------------------------------|
| Yours Avenue Appointment The stage have the stage and the | Have you had information about the Corona Virus vaccination? | | | You can telephone the CLDT for this? |
| | Have you had a vaccination before e.g. flu jab? | | | |
| | Have you got a history of Anaphylaxis / or allergies. | | | Please describe: |
| Reasonable adjustme | ents? | Yes | No | |
| I need sour red | Do you need reasonable adjustments | | | Please state: |
| 1:00 (n) (12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | Appointment time - early/late/double apt | | | |
| | Appointment on time please - I can't wait or be in a waiting room inside with other people | | | Please state: |

Page 1 of 4

Sirona tare & health

Service provided by

CONFIDENTIAL

Name: DOB: NHS NO:

Address: Date:

| | I need the room to be quiet and free from | | | |
|---|--|-----|----|---------------|
| | distraction | | | |
| | | | | |
| | Loo ad disagn ad lighting | | | Diago state: |
| | I need dimmed lighting bright lights are too | | | Please state: |
| W W | much | | | |
| | | | | |
| | I need the room | | | |
| 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (| temperature to be controlled | | | |
| 14: | I don't like strong om elle | | | |
| | I don't like strong smells | | | |
| | | | | |
| | Loop't cope with too | | | |
| | I can't cope with too many people or noises | | | |
| | | | | |
| | | | | |
| Having the Vaccine? | | Yes | No | |
| EMLA" Cream 5% | I need something to numb my arm eg topical | | | |
| Surgicial Parks (Malana and France) 20.0 September | medication | | | |
| | I need pre-medication to | | | |
| | help me feel less anxious before having | | | |
| | | | | |
| | the vaccine | | | |
| | the vaccine | | | |



CONFIDENTIAL

Name: DOB: NHS NO:

Address: Date:

| | I need you to hide the needle from me | | | |
|-------------------------------|--|-----|----|---------------|
| | I prefer to be seen by a man / woman | | | |
| Distraction? | | Yes | No | |
| | I need to bring something to distract me i.e. twiddler, ipad, music | | | |
| 15 | Do you need support do to wait 15 minutes after you've had your vaccination? | | | |
| V - 18 F | | | | |
| Communication? | | Yes | No | |
| Communication? | I use an alternative forms of communication | Yes | No | Please state: |
| The key C.C.S Hoppid Passport | forms of communication | Yes | No | Please state: |
| The key C.C.S Hoppid Passport | | Yes | No | Please state: |

| С | 0 | N | FI | D | Εľ | T | 1/ | ۱L |
|---|---|---|----|---|----|---|----|----|
| | | | | | | | | |

Name: DOB: NHS NO:

Address: Date:

| I need reassurance & calming language and speaking in a relaxed voice | | | | |
|---|---|-----|----|--|
| | I need short conversation and time to process information | Yes | | |
| Additional support needs: | | | No | |
| | Do you have other health conditions? | | | |
| | Are you frightened of needles/having an injection? | | | |
| | Are you afraid of waiting rooms in clinics or hospitals and/or uniforms | | | |

You can ring the community learning disability team if you think you need additional help please telephone:

South Glos CLDT - 0300 1245 888 **Bristol CLDT** - 0117 9585666

DII3(0) OLDI | 0117 3303000

North Somerset CLDT – 01275 546 888