

## BEFORE YOU MAKE A BOOKING

Before making a booking with us, please ensure you satisfy all items the [checklist](#) below. The information on this website and external links will enable you to do so. This process will enable you to make an informed decision regarding receiving a COVID-19 vaccination, and ensure we will be able to safely provide you with a vaccination on the day of your appointment.

### Checklist Items:

- I wish to be vaccinated with [Comirnaty COVID-19 vaccine \(Pfizer\)](#).
- I am [eligible](#) to receive a Comirnaty COVID-19 vaccine (Pfizer).
- My [Medicare details](#) are up to date.
- I do not have any [contra-indications](#) to Comirnaty COVID-19 vaccine (Pfizer).
- I have considered the [precautions](#) to Comirnaty COVID-19 vaccine (Pfizer) relevant to me.
- I have considered the [special circumstances](#) regarding Comirnaty COVID-19 vaccine (Pfizer) relevant to me.
- I understand that the recommended [minimum timeframe](#) between receiving a dose of Comirnaty COVID-19 vaccine (Pfizer) and any other vaccine is 7 days.
- I have read and understood the [consent form](#) for Comirnaty COVID-19 vaccine (Pfizer).
- I understand the [vaccination process](#) involves two doses of Comirnaty COVID-19 vaccine (Pfizer), delivered via injection, approximately 3 weeks apart.
- I understand that whilst [adverse events](#) are extremely rare, they can occur.
- I understand that I will have to wait for up to 30 minutes after my vaccination for observation in case of an immediate adverse event.
- I understand that [side effects](#) can occur after receiving Comirnaty COVID-19 vaccine (Pfizer).
- I understand that the [safety](#) of Comirnaty COVID-19 vaccine (Pfizer) will be continuously monitored throughout the vaccination program, and that I may be contacted via SMS in the week after vaccination for a brief survey.
- I understand that I will need to continue to follow other [preventive measures](#) once vaccinated.
- I understand that there are certain circumstances in which I will need to [cancel my vaccination](#) appointment.
- I will wear a mask and clothing that allows access to my upper arm for my vaccination appointment.
- I understand that my temperature will be taken upon arrival for my vaccination appointment.
- I will bring identification, my Medicare card, [proof of my eligibility](#), and a completed [consent form](#) to my vaccination appointment.
- I understand that I will be able to access a [record of my vaccination](#) online.
- I do not have any further questions or concerns OR I have booked an appointment with my usual GP to discuss my further questions and concerns.

## MAKE A BOOKING

Once you have ensured you satisfy all items on the checklist above, please call us on [02 6670 1400](tel:0266701400) to make a booking.