







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	
			You can telephone the CLDT for this?
			
			Please describe:
Reasonable adjustments?		Yes	No
			Please state:
			
			Please state:

CONFIDENTIAL









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	I need a quiet space			
	I need the room to be quiet and free from distraction			
	I need dimmed lighting bright lights are too much			Please state:
	I need the room temperature to be controlled			
	I don't like strong smells			
	I can't cope with too many people or noises			
Having the Vaccine?		Yes	No	
	I need something to numb my arm eg topical medication			
	I need pre-medication to help me feel less anxious before having the vaccine			

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	<p>I need you to hide the needle from me</p>			
	<p>I prefer to be seen by a man / woman</p>			
<p>Distraction?</p>		<p>Yes</p>	<p>No</p>	
	<p>I need to bring something to distract me i.e. twiddler, ipad, music</p>			
	<p>Do you need support do to wait 15 minutes after you've had your vaccination?</p>			
<p>Communication?</p>		<p>Yes</p>	<p>No</p>	
	<p>I use an alternative forms of communication</p>			<p>Please state:</p>
	<p>I need you to explain with easy words what you are going to do</p>			
	<p>I need some pictures to help me</p>			

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	I need reassurance & calming language and speaking in a relaxed voice			
	I need short conversation and time to process information			
Additional support needs:		Yes	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			
<p>You can ring the community learning disability team if you think you need additional help please telephone:</p> <p>South Glos CLDT - 0300 1245 888 Bristol CLDT – 0117 9585666 North Somerset CLDT – 01275 546 888</p>				