Male or female:



COVID-19 Risk Assessment - Kenalog Hay Fever Injection.

As part of our hay fever injection programme, all patients must complete a COVID-19 risk assessment.

Date of Birth:

Patient Name:

Our clinical team check each risk assessment prior to contacting you to book your appointment. If you are considered moderate or high risk one of our senior doctors will review your risk assessment which may result in a slight delay in contacting you. We appreciate your patience in these circumstances.

There should be an interval of at least 4 weeks between any steroid injection and the Covid i allow an adequate immune response	njection	n, to		
Please confirm that you have not received a Covid vaccine in the last four weeks.				
Please confirm you are not booked to have a Covid vaccine administered in the next				
four weeks				
You will be required to obtain a lateral flow test 24 hours prior to the injection and				
confirm that it is negative.				
People at high risk from coronavirus include those who answer 'yes' to any of the following:				
Have you had an organ transplant?				
Are you having chemotherapy or antibody treatment for cancer, including immunotherapy?				
Are you having an intense course of radiotherapy (radical radiotherapy) for lung cancer?				
Are you having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)?				
Do you have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)?				
Have you had a bone marrow or stem cell transplant in the past 6 months, or are you still taking immunosuppressant medicine?				
Have you been told by a doctor that you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)?				
Do you have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)?				
Are you taking medicine that makes you more likely to get infections (such as high doses of steroids or immunosuppressant medicine)?				

For female patients only, are you both pregnant and have a serious heart condition?

People at moderate risk from coronavirus include people who answer 'yes' to any of the following:				No
Are you 70 or older?				
Do you have a lung condition even if it is not not sever bronchitis)?	e (such as asthma, COP	D, emphysema or		
Do you have heart disease (such as heart failure)?				
Do you have diabetes?				
Do you have chronic kidney disease?				
Do you have liver disease (such as hepatitis)?				
Do you have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)?				
Do you have a condition that means you have a high ri	sk of getting infections?	?		
Are you taking medicine that can affect the immune sy	stem (such as low dose	es of steroids)?		
For female patients only, are you pregnant?				
Height: Weight:				
If you have not answered 'yes' to any of the above que may be some risk:	estions, but fall into any	of the below categ	ories tl	here
People with some risk		Please	ick ✓	to
·		confirm		
		acknowledgement		
Older patients- your risk increases as you get older				
Male patients				
Patients who live in less affluent areas				
Patients from a Black, Asian or minority ethnic background				
Being born outside of the UK or Ireland				
Patients living in a care home				
Patients with certain jobs, such as nurse, taxi driver and security guard.				
There is evidence to suggest that steroid use can incre	ase your covid risk			
group and can lead to a less favourable prognosis/more severe disease, although this is most relevant to those in higher/ moderate risk groups.				
Steroid use may slightly increase your risk of an advers				
virus, although the risk has not fully been quantified, and is likely to be				
more relevant to those in higher risk groups, notably those with comorbidities which would put them in the higher risk group'.				
	nose with	Ц		

Are you currently taking ar	ny regular	Yes □		No 🗆			
medication? Please tick ☑							
Please list any medications	you take:						
Do you have any allergies?	Please tick ☑	Yes □		No □			
Please list any allergies you	ı have:		1				
	Pat	ient declara	ation				
	rat	ient deciar	<u>ition</u>				
I declare that I have che	cked the details I	have given on	this document and	that to the best of my			
knowledge and belief th		· ·		·			
Patient signature:		Date	Date:				
FC	OR INTERNAL	USE ONLY-	Doctor's deta	ils			
_				<u> </u>			
Print name:	rint name: Sign		gnature:				
Outcome of							
assessment: ☑	Administer		Do not adminis	ter □			
	l		l				
If the decision is not to administer, please give a reason:							
Complete Consent Form if decision is to administer hay fever injection							