

**Appendix 1**

**Healthcare Professional Agreement to Administer Vaccine Under Patient Group Direction**

|  |  |  |
| --- | --- | --- |
| **I:** |  | (Insert name) |
| **Working within:** |  | e.g. Health Board, Area, Practice |

Agree to administer the vaccine contained within the following Patient Group Direction:

**Patient Group direction for the administration of Nuvaxovid(Novavax COVID-19 Vaccine (recombinant, adjuvanted))by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles (Version 1.1 – valid from 22nd September 2022)**

I have completed the appropriate training to my professional standards enabling me to administer the vaccine under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction. **PGDs do not remove inherent professional obligations or accountability.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |
| **Profession:** |  |
| **Professional Registration number/PIN** |  |