

## ANNEX B: Practitioner authorisation sheet

### Comirnaty® 30 micrograms/dose (COVID-19 mRNA Vaccine, Pfizer/BioNTech) Protocol

**Valid from:** 4<sup>th</sup> October 2022

**Expiry:** 31<sup>st</sup> March 2023

Before signing this Protocol, check that the document has had the necessary authorisations in section 1 and 2. Without these, this Protocol is not lawfully valid.

#### Practitioner

By signing this Protocol you are indicating that you agree to its contents and that you will work within it.

Protocols do not remove inherent professional obligations or accountability.

It is the responsibility of each practitioner to practise only within the bounds of their own competence and any appropriate professional code of conduct.

I confirm that I have read and understood the content of this Protocol and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

#### Person authorising on behalf of Provider

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this Protocol. I give authorisation on behalf of <b>[insert name of organisation]</b> for the above named health care professionals who have signed the Protocol to work under it.			
Name	Designation	Signature	Date

#### Note to person authorising on behalf of Provider

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this Protocol.