

Vaccine Damage Payment Scheme

Your claim form for a Vaccine Damage Payment

Claiming for yourself

Complete this claim form if you believe you are severely disabled as a result of a vaccine listed within the Vaccine Damage Payments Act 1979. For a list of vaccines and more advice regarding eligibility, please visit: www.gov.uk/vaccine-damage-payment/eligibility

For a list of conditions that have met the eligibility criteria for a Vaccine Damage Payment, visit: www.nhsbsa.nhs.uk/claim-vaccine-damage-payment

You can complete a claim for a Vaccine Damage Payment online at: www.nhsbsa.nhs.uk/claim-vaccine-damage-payment

If you are claiming on behalf of someone else, please complete the appropriate form at: www.nhsbsa.nhs.uk/claim-vaccine-damage-payment

If you need help with completing this form, please contact the Vaccine Damage Payment Scheme:

Email - vdps@nhsbsa.nhs.uk

Telephone - 0300 330 0013

Time limits on making a claim

You must apply by whichever is the latest of the following dates:

- on or before your 21st birthday
- within 6 years of the vaccination

What you'll need to make a claim

To help assess your claim, you need to send us information about your medical history. You may find it useful to collect this information before you begin:

- your NHS number, if you have one
- details of the vaccine you believe caused the severe disability
- the name and address of your GP
- the name, address and contact details of hospitals or other healthcare providers who have treated you

Visit www.nhs.uk/find-nhs-number to request a reminder of your NHS number. You should also be able to find your NHS number on any letter or document you have received from the NHS, including prescriptions, test results, and hospital referral or appointment letters.

If you withhold information or provide false or misleading information relating to your claim, you may be liable to prosecution and your application withdrawn.

Additional evidence to support your claim

You can upload documents that support your claim. For example:

- letters or emails from private medical consultants
- articles from journals
- things you or someone else has written documenting your condition

We need your consent to access your medical records

To assess your Vaccine Damage Payment claim, we need a full set of your medical records.

We do not know which healthcare providers you have received treatment from. You must therefore provide a full list and contact information for all NHS and private healthcare providers, mental health services and other providers who have been involved in any care or treatment before and after the vaccine.

To get your medical records we will write to your GP and the other healthcare providers you tell us about. This might involve completing a subject access request (SAR). We need your permission to do this.

By consenting, you confirm you:

- are the disabled person
- are over the age of 16
- have capacity to give consent for access to your medical records
- permit us to complete a subject access request (SAR) to access your medical records

Capacity to give consent means you are able to use and understand information to make a decision, and to communicate any decision. You can find more information about this in the Mental Capacity Act 2015.

Information about your rights and how we store your data while we process this claim is available at: www.nhsbsa.nhs.uk/our-policies/privacy

I consent to my medical records being requested.

How to withdraw your consent

Once you have given consent for us to access medical records you can withdraw it at any time. You can do this by writing to us.

If you withdraw your consent this will affect our ability to assess your claim.

Have you made a previous claim?

Tell us if you have submitted a claim to the Vaccine Damage Payment Scheme before, or if someone has submitted a claim on your behalf.

No

Yes

We cannot accept duplicate claims.

Please email the VDPS team before completing this claim form: vdps@nhsbsa.nhs.uk

Part 1 - About you

First name

Surname

Any other names you have been known by or are using now

Date of birth

		/			/				
--	--	---	--	--	---	--	--	--	--

NHS number

Your NHS number is a 10 digit number, like 485 777 3456.

--	--	--	--	--	--	--	--	--	--

Address

Postcode

Visit www.nhs.uk/find-nhs-number to request a reminder of your NHS number.

You should also be able to find your NHS number on any letter or document you have received from the NHS, including prescriptions, test results, and hospital referral or appointment letters.

Please provide your email address and telephone number

We'll use your email address to contact you and to keep you updated on the progress of your claim. You will also receive a copy of the independent medical assessment report by email.

You can opt out of email and choose an alternative way for us to contact you later if you need to.

Email address (if you have one)

Mobile phone number (if you have one)

Home phone number (if you have one)

Nominated person

A nominated person is someone who can contact us about your claim. They could be a family member, a friend or someone helping you. A nominated person will have access to your personal information and can call or answer the phone and speak to us about all aspects of your claim.

We need you to consent to this.

Would you like to add a nominated person to your claim?

No

Yes

Please tell us about your nominated person below.

Their first name

Their surname

Their date of birth

		/			/				
--	--	---	--	--	---	--	--	--	--

Their email address (if they have one)

Their telephone number (if they have one)

Their address

Postcode

Part 2 - About your claim

Why are you making this claim?

- I received a vaccine.
Please move to the next section.
- My mother received a vaccine while pregnant.
Please give details below of the person who received the vaccine.
- I have been in close physical contact with a person who received a vaccine against poliomyelitis (Polio) by the orally administered vaccine.
Please give details below of the person who received the vaccine.

The vaccinated person's first name

The vaccinated person's surname

Any other names the vaccinated person has been known by or are using now

The vaccinated person's date of birth

		/			/				
--	--	---	--	--	---	--	--	--	--

The vaccinated person's address

Postcode

Part 3 - About vaccinations

Please provide details of all vaccines that you believe caused the disability and tell us when these vaccines were given. If you cannot remember exactly, tell us when you think it was.

	Date of first vaccine	Date of second vaccine (if applicable)	Date of third vaccine (if applicable)
Coronavirus (COVID-19)			
<input type="checkbox"/> AstraZeneca	/ /	/ /	/ /
<input type="checkbox"/> Pfizer	/ /	/ /	/ /
<input type="checkbox"/> Moderna	/ /	/ /	/ /
<input type="checkbox"/> Other <input type="text"/>	/ /	/ /	/ /
<input type="checkbox"/> Don't know	/ /	/ /	/ /
Diphtheria	/ /	/ /	/ /
Diphtheria, tetanus and pertussis (DTP/triple)	/ /	/ /	/ /
Diphtheria, tetanus, pertussis and polio (DTaP/IPV)	/ /	/ /	/ /
Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	/ /	/ /	/ /
Haemophilus influenzae type b (Hib)	/ /	/ /	/ /
Haemophilus influenzae type b, Meningococcal Group C (Hib/Men C)	/ /	/ /	/ /
Human papillomavirus (HPV)	/ /	/ /	/ /
Influenza	/ /	/ /	/ /
Measles	/ /	/ /	/ /
Measles, mumps and rubella (MMR)	/ /	/ /	/ /
Meningococcal Group B (Men B)	/ /	/ /	/ /
Meningococcal Group C (Men C, Men ACWY)	/ /	/ /	/ /
Meningococcal Group W (Men ACWY)	/ /	/ /	/ /
Mumps	/ /	/ /	/ /
Pertussis (whooping cough)	/ /	/ /	/ /
Pneumococcal (PCV)	/ /	/ /	/ /

	Date of first vaccine	Date of second vaccine (if applicable)	Date of third vaccine (if applicable)
Poliomyelitis (orally administered)	/ /	/ /	/ /
Rotavirus	/ /	/ /	/ /
Rubella (German measles)	/ /	/ /	/ /
Tetanus	/ /	/ /	/ /
Tetanus, diphtheria and polio (Td/IPV)	/ /	/ /	/ /
Tuberculosis (TB)	/ /	/ /	/ /

You could be entitled to a Vaccine Damage Payment if you're severely disabled and your disability was caused by vaccination against smallpox (up to 1 August 1971) or pandemic influenza A (H1N1) 2009 (swine flu) (up to 31 August 2010). For more information contact us at: **vdps@nhsbsa.nhs.uk**

Part 3 - About vaccinations continued

Were any of these vaccines given outside of the United Kingdom (UK) or the Isle of Man?

The United Kingdom is England, Scotland, Wales and Northern Ireland.

No

Yes

If **Yes**, please tell us which vaccines were given elsewhere and in which country they were given.

If the vaccines were given in the UK, please tell us where.

England

Scotland

Wales

Northern Ireland

Isle of Man

Were you given any of these vaccines as part of medical treatment received because you or a member of your family were in the British Armed Forces?

No

Yes

If **Yes**, please tell us about them.

If your claim is in relation to a COVID-19 vaccine, have you been diagnosed with any of the following?

You do not need to complete this question if your claim does not relate to a COVID-19 vaccine.

Select all options that are relevant. Selecting any of these conditions does not automatically mean your claim meets the criteria to receive a Vaccine Damage Payment.

- Anaphylaxis
- Bell's Palsy
- Blood clotting disorders
- Capillary Leak Syndrome
- Cerebral Venous Sinus Thrombosis (CVST)
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Cutaneous Vasculitis
- Delayed hypersensitivity
- Guillain-Barré Syndrome (GBS)
- Immune Thrombocytopenic Purpura (ITP)
- Menorrhagia
- Myocarditis
- Narcolepsy
- Pericarditis
- Shoulder Injury Related to Vaccine Administration (SIRVA)
- Tinnitus
- Transverse Myelitis
- Vaccine-Induced Immune Thrombocytopenia and Thrombosis (VITT)
- None of the above

Please tell us what happened after you received the vaccine that you believe caused the disability.

Tell us about how you believe the vaccine caused your severe disability. Provide as much detail as you can. As a minimum, you must include:

- What condition(s) do you believe you have suffered as a direct result of receiving the vaccine?
- How soon after the vaccine did it happen? What date did your symptoms start?
- How do you believe your condition has changed over time as a direct result of receiving the vaccine?
- Have you received medical treatment for your condition(s)? If so, please provide details of the treatment received.
- Are you receiving ongoing care for your condition(s)? If so, please provide details of the ongoing care received.

Continue on a separate sheet of paper if needed. Make sure you sign and date it, and write your full name and NHS number on it.

You can email us any documents or evidence that you think might support this claim at:
vdps@nhsbsa.nhs.uk.



Part 4 - About your healthcare providers

Your GP or doctor

To complete an independent medical assessment for a Vaccine Damage Payment, we need a copy of your full medical records.

We will use this information to contact them to request medical records. A claim for a Vaccine Damage Payment can only be assessed once we have received your full medical history.

GP or doctor's name

GP or doctor's phone number

GP email address, if you know it

GP or doctor's address

Postcode

About the hospitals you have attended

Please tell us about any hospitals you have attended because of the disability that this claim relates to. Continue on a separate sheet of paper if needed. Make sure you sign and date it, and write your full name and NHS number on it.

We will use this information to contact them to request medical records. A claim for a Vaccine Damage Payment can only be assessed once we have received your full medical history.

Name and address of hospitals	Hospital reference numbers	Dates of visits or stays in hospital
		/ /
Postcode		/ /
		/ /
Postcode		/ /
		/ /
Postcode		/ /
		/ /
Postcode		/ /
		/ /
Postcode		/ /
		/ /
Postcode		/ /
		/ /
Postcode		/ /
	Consultant's name	

About your other healthcare providers

Please list all other healthcare providers involved in your care. This might include physiotherapists, optometrists, mental health professionals or private medical practitioners.

Continue on a separate sheet of paper if needed. Make sure you sign and date it, and write your full name and NHS number on it.

Name

Telephone number

Address

Email address

Postcode

Name

Telephone number

Address

Email address

Postcode

Name

Telephone number

Address

Email address

Postcode

Name

Telephone number

Address

Email address

Postcode

Part 5 - Declaration

I understand that to qualify for a Vaccine Damage Payment, it needs to be shown that:

- on the balance of probabilities, the vaccine caused disability; and
- the resulting disablement is severe (60% or more)

Severely disabled means at least 60% disabled, assessed for the purposes of schedule 2 of The Social Security (General Benefit) Regulations 1982 (legislation.gov.uk), which have been developed by the Department for Work and Pensions (DWP).

A claim under the Vaccine Damage Payments Act 1979 will be considered using the criteria of the scheme. All eligible claims considered will be provided with an outcome that will advise whether on the balance of probabilities, long term severe disablement has resulted from the vaccine. A claim in relation to the administration of the vaccine – the act of vaccinating a patient – will not be considered eligible. A Vaccine Damage Payment Scheme claim is not an allegation of negligent clinical care.

I consent to the access and examination of my full medical records in connection with the claim or any request for reversal or appeal I make under the Vaccine Damage Payments Act 1979. I give consent and authority to the following to access my full medical records:

- the NHS Business Services Authority (NHSBSA)
- any doctor advising the NHSBSA
- any organisation with which the NHSBSA has a contract for the provision of medical services, or any doctor providing services to that organisation

I also give them consent and authority to contact and/or to make a subject access request to the people and organisations mentioned on this form for any information which is needed to deal with (either):

- this claim for a Vaccine Damage Payment
- any request for this claim to be looked at again

I consent and give authority that such information may be given to that doctor, organisation or the NHS Business Services Authority to help carry out its policy responsibilities for the Vaccine Damage Payment Scheme.

I understand that, under the Vaccine Damage Payment Scheme, an independent medical assessor requires access to the full medical records to make an assessment of the claim and also to consider whether I have any relevant medical history or pre-existing conditions that are not caused by the vaccine, and which may impact the claim. I understand that the full medical records will be accessed as part of this claim, and that this includes the full medical history prior to vaccination.

I declare that the information given within this claim is complete and accurate. I understand if I withhold information, provide false or misleading information relating to the claim I may be liable to prosecution and the application withdrawn.

I understand that the NHSBSA may use and share information I provide in relation to this claim internally and with the Department of Health and Social Care (DHSC), relevant NHS organisations and counter fraud services for the purposes of the prevention, detection, loss measurement, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

By agreeing with and signing this declaration, I accept and agree to all the conditions specified above.

For more information on how medical records are used to assess a claim, visit:

www.nhsbsa.nhs.uk/vaccine-damage-payment-scheme-vdps-claim-process

Your signature

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

Your name

Part 6 - How we collect and use information

The NHS Business Services Authority collects information to deal with claims for Vaccine Damage Payment:

- to assess and make a decision on your claim
- to deal with any appeal

The Department of Health and Social Care may access your information in order to help it carry out its policy responsibilities for the Vaccine Damage Payment Scheme.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. To find out more about how we use information, visit our website www.nhsbsa.nhs.uk/vdps-privacy-notice or contact us.

Part 7 - What to do now

- Make sure you enclose with this claim form any medical documents and records of vaccinations you want to send us. We can only accept photocopies.
- Check that you have filled in as much of the form as you can and that you have signed and dated it.
- Return this claim form to
Vaccine Damage Payment Scheme
NHS Business Services Authority
Unit 5, Greenfinch Way
Newcastle Upon Tyne
NE15 8NX
- If we need any more information, we will get in touch with you.
- If you are entitled to a Vaccine Damage Payment, we will write to tell you.
- If you are not entitled to a Vaccine Damage Payment, we will write to tell you why and what to do if you disagree with the decision.

Other help

You may be eligible to apply for other benefits. The Vaccine Damage Payment Scheme is a one-off payment. It is not designed to provide long-term relief for those with a disability or long-term health condition.

- If you live in England or Wales, visit www.gov.uk/financial-help-disabled
- If you live in Scotland, visit: www.mygov.scot/adult-disability-payment
- If you live in the Isle of Man, visit: www.gov.im/categories/benefits-and-financial-support/illness-and-disabilities/disability-living-allowance/
- If you live in Northern Ireland, visit: www.nidirect.gov.uk/information-and-services/benefits-and-financial-support/disability