

## Influenza QIV Vaccination Patient Consent Form

<b>Personal Details</b>  Surname: _____ Forename: _____ Address: _____ _____ Nationality: _____		Date of Birth: _____ Phone No: _____ Gender: _____ PPSN: _____ GP: _____																							
<b>Medical History</b> <ul style="list-style-type: none"> <li>Is the patient 6 months of age or older?</li> <li>If under 9 years old, have they had the vaccine before?</li> <li>Are you 65 years or older?</li> <li>Are you pregnant?</li> <li>Have you had breast surgery?</li> <li>Do you feel unwell in any way?</li> <li>Are you allergic to eggs or chicken?</li> <li>Have you ever had an allergic reaction to any previous vaccination?</li> <li>Are you allergic to any of the vaccine residues or excipients?</li> <li>Have you ever suffered an anaphylaxis attack?</li> <li>Please list any current medical conditions, medications or allergies:</li> </ul>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Yes	No																				
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<b>Eligibility Criteria</b> A – Chronic Respiratory disease B – Chronic Heart Disease C – Chronic Renal Failure D – Chronic Neurological Disease E – Immunosuppressed F – Child on long term aspirin		G – Household contact/Carer to those at increased risk due to medical condition H – Diabetes Mellitus I – BMI > 40 J – Haemoglobinopathies K – Resident of a nursing home and other long stay institutions L – Close contact with pigs, poultry, or waterfowl M – Healthcare worker N – Aged 65 and older O – Down Syndrome P – Pregnancy Q – Child aged 2-12																							
<b>Consent:</b> I have read and understood the influenza vaccination leaflet and have been given an opportunity to speak to the pharmacist providing the vaccine. I understand: <ul style="list-style-type: none"> <li>The nature of the treatment.</li> <li>The benefits and risks of immunisation.</li> <li>The risks of influenza.</li> <li>The possible side effects of vaccination, when they might occur and how they should be treated.</li> </ul> I have been given an opportunity to ask questions and raise any concerns. I agree that the details I have supplied have been recorded and those records will be kept by Phelans pharmacy and shared with the HSE for the purposes of public health as required by legislation.																									
I agree to proceed with the vaccination for Influenza: I require a copy of my vaccination record to be sent to my GP:			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">✓</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">✓</td> </tr> </tbody> </table>	Yes	No	✓			✓																
Yes	No																								
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Signature: _____ Date: _____ For under 16's, Name of Parent/Guardian _____			<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																						