FOR OFFICE USE ONLY

QIV Vaccine – Influvac Tetra only					
Date Given	Vaccine Name & Manufacturer	Batch Number	Expiry Date Month/Year	Site of Vaccination	Name of Vaccinator (please print) and PIN/MCRN
D D M M Y Y Y Y					

I confirm that the information collected on this form has been added to the ICT system (tick box) ☐

Name:

Privacy Statement: In order to administer vaccine(s) safely, and to record all of the necessary data for monitoring and managing vaccine(s), the HSE will be processing your or your child's data personal data. All data processed by the HSE will be in accordance with the various data protection legislation including the Data Protection Acts 1988-2018, the Regulation (EU) 2016/679 (General Data Protection Regulation, GDPR), and the Health Identifiers Act 2014. The processing of your or your child's data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.

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Influenza Consent & Medical Eligibility

QIV Vaccine – Influvac Tetra only

Forename:

Surname (Family Name):

Gender: Male ☐ Female ☐

Mother's Birth Surname:

Personal Public Services Number (PPSN):

Ethnic or cultural background:

A. White *(Irish, Irish traveller, Roma, Ukrainian, any other White background)* ☐

B. Black or Black Irish *(African, any other Black background)* ☐

C. Asian or Asian Irish *(Chinese, any other Asian background)* ☐

D. other, including mixed background *(Arabic, any other write in description)* ☐

E. prefer not to say ☐

Description _____

Email Address:

Mobile Phone Number:

Address:

Eircode:

County:

GP Name:

GP Address:

Complete this part for the person being vaccinated (PLEASE USE BLOCK CAPITALS)

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth: ☐☐ ☐☐ ☐☐☐☐
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Please answer the following questions with a yes or no answer

1. Has this person ever had anaphylaxis (severe allergic reaction) following a previous dose of influenza vaccine or any of its constituents? Yes ☐ No ☐

   If yes, ineligible for vaccination as anaphylaxis following a previous dose of influenza vaccine or any of its constituents is a contraindication to vaccination. If no, GO TO NEXT QUESTION.

2a. Has this person ever required admission to ICU for a previous severe anaphylaxis to egg? Yes ☐ No ☐

   If yes, those requiring non-live influenza vaccine who have had a previous ICU admission for a severe anaphylaxis to egg need to be referred for specialist assessment with regard to vaccine administration in hospital. If yes, go to Question 2b. If no, go to Question 3.

2b. Has this person had a specialist assessment regarding their severe egg allergy in the past requiring ICU admission and are now recommended the QIV vaccine here? Yes ☐ No ☐

   If yes, GO TO NEXT QUESTION. If no, they cannot be vaccinated today.

3. Is this person suffering from an acute febrile illness? Yes ☐ No ☐

   If yes, they cannot get this vaccine today, defer vaccination until recovery. If no, GO TO NEXT QUESTION.

4. Is this person on combination checkpoint inhibitors such as ipilimumab or nivolumab? Yes ☐ No ☐

   If yes, they cannot have the vaccine. They should not receive any influenza vaccines, because of a potential association with immune related adverse reactions. If no, GO TO NEXT QUESTION.

5. Does this person have severe neutropenia (low levels of a type of white blood cell) i.e. absolute neutrophil count <0.5 × 10^9/L.? This does not apply to those with primary autoimmune neutropenia. Yes ☐ No ☐

   If yes, they should not receive any vaccines, to avoid an acute vaccine related febrile episode. Ineligible for vaccination. If no, GO TO NEXT QUESTION.

6a. Is this the first time this person is receiving the flu vaccine this season (September to April)? Yes ☐ No ☐

   If yes, go to Question 7. If no, please answer question 6b.

6b. Very few people need a second dose of flu vaccine.
Does the person receiving the vaccine fit any of the following criteria: Yes ☐ No ☐

- For children, are they between 6 months to 8 years of age and receiving influenza vaccine for the first time
- Post haematopoeitic stem cell transplant or post solid organ transplant
- Cancer patients who received the first flu vaccine while on chemotherapy in this flu season or who completed their treatment in the same flu season (September to April).

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7. Does this person have any illness or condition that increases their risk of bleeding? Yes ☐ No ☐

   If yes, Individuals with a bleeding disorder or receiving anticoagulant therapy may develop haematomas in intramuscular (IM) injection sites. Prior to vaccination, inform the recipient about this risk. For those with thrombocytopenia (platelet count <50x10^3), consult the supervising consultant. Proceed if fits clinical criteria.

For people aged 16 years and older

One of these options is appropriate when establishing consent (please tick as appropriate)

1. The individual has consented to vaccination for Influenza and has been provided with written information, ☐
   OR
2. The individual does not agree with Influenza vaccination and should not be vaccinated, ☐
   OR
3. The individual cannot consent and they are being vaccinated for Influenza according to their benefit and will and preference, ☐
   AND

The above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.

Signature: _____ Date: ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

Name (Please print) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For people aged 15 years and younger

Please note only a parent or legal guardian can consent or refuse consent for people aged 15 years and younger.

I confirm that I am authorised to give consent on behalf of the above named young person.

I understand I am giving consent for the administration of a dose of flu vaccine.

Signature: _____ Date: ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

Name (Please print) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Please tick Parent ☐ Legal ☐ Guardian Self ☐

This Young person assents to receiving the vaccine (Please tick) ☐