



## Part 2: Medical Details

If you tick yes to any of the Medical Details the Immunisation Team may need to contact you to discuss further. Please note we may send you an appointment confirmation and/or reminders by SMS and/or email.

Please answer the following questions about the person being offered vaccination 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?  
**If yes, they may not be able to have the vaccine. They may not be able to receive any influenza vaccines, because of a potential association with immune related adverse reactions. This should be discussed with their treating specialist. 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  $<0.5 \times 10^9/L$ ? 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. They are ineligible for vaccination. If no, go to next question.**
- 6a. Is this the first time this person is receiving the influenza 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 influenza 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, have a condition that puts them of increased risk of influenza-related complications and receiving influenza vaccine for the first time
  - Post haematopoietic stem cell transplant or post solid organ transplant
  - Cancer patients who received the first influenza vaccine while on chemotherapy in this influenza season or who completed their treatment in the same influenza season (September to April).**If yes, they can receive a second influenza vaccine this season, at least 4 weeks since their first dose (and on completion of treatment for cancer patients). If no, they do not require a second influenza vaccine.**
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  $<50 \times 10^3$ ), consult the supervising consultant. Proceed if fits clinical criteria. If no, go to question 8.**
8. Is this person a child aged 12-23 months who has received a PCV vaccine within the last week? Yes  No   
**If yes, then defer Influenza vaccine by at least one week from the PCV vaccine, if no vaccination may proceed today.**

Vaccination may proceed if no issues for further investigation, deferral or contraindications are noted in the above questions.

## Part 3: Immunisation Consent

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

1. The individual has consented to vaccination with Influenza vaccine 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 with Influenza vaccine 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.

Name (Please print)

Signature: \_\_\_\_\_

Date:   
D D M M Y Y Y Y

### For people aged 15 years and younger

**Medical Consent:** Please note only a parent or legal guardian can provide consent for a medical procedure, or refuse consent for a medical procedure for young people under 16 years of age. Young people aged 16 years or older are legally entitled to consent for themselves. Read more about the [HSE Consent Policy](#) on the HSE website.

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 Influenza vaccine.

Name (Please print)

Signature: \_\_\_\_\_

Date:   
D D M M Y Y Y Y

(Please tick) Parent  Legal Guardian  Self

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

**Thank you for completing the consent form. Please return it to your vaccinator.**

**Privacy Notice:** The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the [HSE Privacy Notice for Patients and Service Users](#) which is accessible via the [HSE Privacy Statement](#). The processing of your / 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.

