Immunisation Consent Form Winter Vaccinations Programme for people receiving Influenza Vaccine

QIV VACCINE - INFLUVAC TETRA OR QUADRIVALENT INFLUENZA VACCINE (SPLIT VIRION, INACTIVATED)

COMPLETE THE FORM IN BLOCK CAPITALS USING A PEN.

Part 1: Personal Details

Please complete the details in Parts 1-3 of this consent form and return it to your vaccinator.

Complete this part with details for	the person being vaccinated (Pl	LEASE USE BLOCK CAPITALS)				
First Name:	Middle Name:					
Surname (Family Name):						
Otherwise Known As:						
Date of Birth: D D M M Y Y Y Y						
Mother's Surname at Birth:						
Sex at Birth: Female Male						
Is this person a:						
Care Worker Frontline Healthcare Worke	er Long term Residential Care – Re	sident Other				
Email:						
Personal Public Services Number (PPSN):						
Mobile Phone Number:						
Daytime Phone Number:						
Address:						
County:						
Eircode:	inanananana					
Ethnic or Cultural Background:						
A. White	C. Asian or Asian Irish	D.3 Other, write in description				
A.1 Irish	Chinese	Description				
A.2 Irish Traveller	C.2 Indian/Pakistani/Bangladeshi					
A.3 Roma C	Any other Asian background	E. Prefer not to say				
A.4 Any other White background	Any other White background D. Other, including mixed background					
B. Black or Black Irish D.1 Arab						
B.1 African	Mixed, write in description					
B.2 Any other Black background Description						
Country of Birth:						



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.

Plea	ase answer the following questions about the person being offered vaccination with a yes or no an	nswer			
1.	dose of influenza vaccine or any of its constituents? If yes, ineligible for vaccination as anaphylaxis following a previous dose of influenza vaccine or a	Yes any of its	No _		
2a.	constituents is a contraindication to vaccination. If no, go to next question. Has this person ever required admission to ICU for a previous severe anaphylaxis to egg? If yes, those requiring non-live influenza vaccine who have had a previous ICU admission for a se to egg need to be referred for specialist assessment with regard to vaccine administration in hos 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? If yes, go to next question. If no, they cannot be vaccinated today.	Yes	No 🗌		
3.	Is this person suffering from an acute febrile illness? If yes, they cannot get this vaccine today, defer vaccination until recovery. If no, go to next questi	Yes	No		
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 $<0.5\times10^9$ /L.? This does not apply to those with primary autoimmune neutropenia. If yes, they should not receive any vaccines, to avoid an acute vaccine related febrile episode. The for vaccination. If no, go to next question.	Yes ey are inelig	No		
6a.	Is this the first time this person is receiving the influenza vaccine this season (September to April)? If yes, go to Question 7. If no, please answer question 6b.	Yes	No		
6b.	 Very few people need a second dose of influenza vaccine. Does the person receiving the vaccine fit any of the following criteria: 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 haematopoeitic 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). 	Yes	No 🗌		
	f 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? If yes, Individuals with a bleeding disorder or receiving anticoagulant therapy may develop haema intramuscular (IM) injection sites. Prior to vaccination, inform the recipient about this risk. For the thrombocytopenia (platelet count <50x10³), consult the supervising consultant. Proceed if fits clir go to question 8.	ose with	No		
8.	Is this person a child aged 12-23 months who has received a PCV vaccine within the last week? If yes, then defer Influenza vaccine by at least one week from the PCV vaccine, if no vaccination is proceed today.	Yes may	No		

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

	Part 3: Immunisation Consent							
On	e 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.								
Na	me (Please print)							
Sig	pature: Date: D M M Y Y Y Y							
For people aged 15 years and younger								
for	edical Consent: Please note only a parent or legal guardian can provide consent for a medical procedure, or refuse consent a medical procedure for young people under 16 years of age. Young people aged 16 years or older are legally entitled to a need for themselves. Read more about the HSE Consent Policy on the HSE website.							
I co	onfirm that I am authorised to give consent on behalf of the above named young person.							
l ur	nderstand I am giving consent for the administration of a dose of Influenza vaccine.							
Na	me (Please print)							
Sig	nature: Date: D M M Y Y Y Y							
(Ple	ease tick) Parent Legal Guardian Self							

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

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

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 <u>HSE Privacy Notice for Patients and Service Users</u> which is accessible via the <u>HSE Privacy Statement</u>. 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.

FOR OFFICE USE ONLY

QIV Vaccine - Influvac Tetra or Quadrivalent Influenza Vaccine										
(split virion,	inactivated)									
Prescriber's signature and MCRN/PIN	Vaccinator's signature and MCRN/PIN	Batch No.	Expiry Date	Vaccination Site	Date Given					
			M M Y Y Y Y	right left deltoid deltoid	D D M M Y Y Y					
Completed by:		MC	CRN/PIN:		D D M M Y Y Y					
If vaccine not admir	If vaccine not administered please state why? DNA or Absent Refused on the Day									
Vaccine Contraindic	cated [Deferred Oth	er							
Ear official	Luce only									
For official										
Notes/Comments:										