

Pneumococcal Vaccination Consent Form

Personal Details

Forename: Surname:

Address:

Date of Birth: Age: Gender:

Mobile No: PPSN:

GP's name and address :

Do you have a Medical Card/Doctor Visit Card/Health Amendment Act eligibility? Yes No

Medical History

Are you under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have any condition that involves your immune system, cancer or organ/stem cell transplant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had the pneumonia vaccine before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had breast surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a fever or feel unwell in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you allergic to eggs or chicken?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you have had the pneumonia vaccine before, can you confirm it was 5 or more years ago (check with GP if unsure)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had an allergic reaction to any previous vaccination?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had an anaphylactic reaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list any current medical conditions, medications or allergies:

Vaccine Details

Vaccine label / information	Affix dispensing label here
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Proceed with vaccination Yes No

Injection Site: L Arm: R Arm:

Pharmacist Signature:

Consent

I have read and understood the Pneumonia Vaccination Service leaflet. I have been given an opportunity to speak to the pharmacist providing the vaccine, to ask any questions and to raise any concerns. I agree that the details I have supplied will be recorded and kept in the pharmacy. I understand:

- The benefits and risks of immunisation.
- The risks of pneumonia .
- The possible side effects of vaccination, when they might occur and how they should be treated.

I confirm that I am not allergic to any of the ingredients in the vaccine and I agree to proceed with the pneumonia vaccination.

I agree to be contacted about vaccination services.

I agree for details of my vaccination to be sent to the HSE and to my GP.

Yes (initial) <input style="width: 80px; height: 20px;" type="text"/>	No (initial) <input style="width: 80px; height: 20px;" type="text"/>
Yes (initial) <input style="width: 80px; height: 20px;" type="text"/>	No (initial) <input style="width: 80px; height: 20px;" type="text"/>
Yes (initial) <input style="width: 80px; height: 20px;" type="text"/>	No (initial) <input style="width: 80px; height: 20px;" type="text"/>

Signature Date

For pharmacy use Logged with PCRS: GP informed: Logged on MPS: