



## Flu Vaccine – Consent Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Covid Checks

Temperature >37.5° Yes  No

Do you have any symptoms of Covid 19: e.g. new persistent cough, breathing difficulties, loss of taste or smell? Yes  No

Have you been a close contact of a suspected or confirmed case of Covid 19 in the last 14 days? Yes  No

### Medical History (if you are unsure of any answers, leave blank and discuss with the pharmacist)

Have you ever had a serious allergic reaction to a vaccine, food or drug (including eggs, chicken or any of the vaccine ingredients listed overleaf)? Yes  No

Have you received the flu vaccine before? Yes  No  Are you pregnant? Yes  No

Are you currently receiving, or have you recently (in the last four weeks) received any cancer treatment? Yes  No  Have you ever had an organ transplant or a stem cell transplant? Yes  No

Have you had breast surgery (or any procedure that removed lymph tissue from the breast/underarm area)? Yes  No

Have you been diagnosed with severe neutropoenia (absolute neutrophil count <0.5 x 10<sup>9</sup>/L) Yes  No

Please list any current medical conditions, medications, or allergies:

### For Children receiving the nasal vaccine

Do they have severe asthma regularly requiring oral steroids or have they had increased wheezing or increased inhaler use in the past 72 hours? Yes  No

Are they clinically immunodeficient or do they live with someone who is severely immunodeficient e.g. someone after a stem cell transplant? Yes  No

Are they on any salicylate therapy (e.g. aspirin) Yes  No

Has the child received Influenza antiviral medication in the previous 48 hours? Yes  No

**Note to Patient: You will be asked to remain in the pharmacy for 15 minutes after vaccination (or if accompanied by an adult at least 5 minutes in the pharmacy and the remainder of the time in the vicinity).**

### Consent:

I have read and understood the Flu 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 flu.
- The possible side effects of vaccination, when they might occur and how they should be treated.
- For patients under 16 years, consent must be obtained from a parent/legal guardian

I confirm that the vaccine recipient is not allergic to any of the ingredients in the vaccine and I agree to proceed with the flu vaccination: Yes  No

I agree to be contacted about the flu vaccine next year Yes  No

I agree for details of my vaccination to be sent to the HSE and to my GP Yes  No

Signature of patient/parent or legal guardian

Date: \_\_\_/\_\_\_/\_\_\_



Flu Vaccine – Consent Form (Page 2)

This Flu vaccine for Winter 2021/2022 contains protection against the following strains of Influenza as recommended by the WH

- A/Victoria/2570/2019 (H1N1)pdm09 - like virus
- A/Cambodia/e0826360/2020 (H3N2) - like virus
- B/Washington/02/2019 - like virus
- B/Phuket/3073/2013 - like virus

Vaccines also contain residues and other ingredients, and it is important that patients have no known allergies to these:

Flu Vaccine	Fluenz Tetra – Nasal	Sanofi – Quadrivalent Influenza Vaccine	Fluad tetra	Influvac Tetra
Residues	Egg proteins (e.g. ovalbumin) and gentamicin.	Traces of eggs, such as ovalbumin, and of neomycin, formaldehyde and octoxinol-9	Traces of eggs such as ovalbumin or chicken proteins, kanamycin and neomycin sulphate, formaldehyde, hydrocortisone, cetyltrimethylammonium bromide (CTAB)	Traces of eggs (such as ovalbumin, chicken proteins), formaldehyde, cetyltrimethylammonium bromide, polysorbate 80 or gentamicin
Other Ingredients	Sucrose, Dipotassium phosphate, Potassium dihydrogen phosphate, Gelatin (porcine, Type A), Arginine hydrochloride, Monosodium glutamate monohydrate, Water for injections	Sodium chloride, Potassium chloride, Disodium phosphate dihydrate, Potassium dihydrogen phosphate, Water for injections	Sodium chloride Potassium chloride Potassium dihydrogen phosphate Disodium phosphate dihydrate Magnesium chloride hexahydrate Calcium chloride dihydrate Water for injections. squalene, polysorbate 80, sorbitan trioleate, sodium citrate, citric acid	Potassium chloride, potassium dihydrogen phosphate, disodium phosphate dihydrate, sodium chloride, calcium chloride dihydrate, magnesium chloride hexahydrate and water for injections
Container	Single-use nasal applicator (Type 1 glass), with nozzle (polypropylene with polyethylene transfer valve), nozzle tip-protector cap (synthetic rubber), plunger rod, plunger-stopper (butyl rubber)	Pre-filled syringe (type I glass), equipped with a plunger stopper (elastomer chlorobutyl or bromobutyl)	Pre-filled syringe (type I glass) with a plunger stopper (bromobutyl rubber)	Pre-filled syringe with or without needle (glass, type I)

To be completed by the pharmacist:

Vaccine Indicated: Fluad Tetra  Quadrivalent Influenza (Sanofi)  Fluenz Tetra  Influvac Tetra

Tick box if patient requires second dose and advise patient	<input type="checkbox"/>
Vaccine Selected By:	
Checks carried out including visual inspection and expiry	<input type="checkbox"/>
Double check correct vaccine	<input type="checkbox"/>
Stick batch sticker to PCRS vaccination record	<input type="checkbox"/>
Check sticker details match PCRS record	<input type="checkbox"/>
Vaccination Site: Left Arm Right Arm Nasal (0.1ml each side)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Attach Dispensing Label Here

Record Checks:

Recorded on PCRS Portal  Recorded on MPS  Scan to EPOS  GP Informed

(Private / Corporate)

**Attach the PCRS record form and Booking form to this consent form**

