BRISBANE CITY COUNCIL

Vaccination Consent

Adults aged 65 years and over

IMPORTANT: *Please complete all sections of the form. More detailed information on the risks and benefits of these vaccinations is available – please ask Brisbane City Council staff.*

1 Personal details of the person being vaccinated ***Please print***

Full name

Surname | First name

Date of Birth

Background: Refugee ☐ Aboriginal ☐ Torres Strait Islander ☐

Gender: Male ☐ Female ☐

Phone no.

Email address

Medicare no.

Address

Street no. | Street name | Suburb | Postcode

2 Vaccine/s required ***Please tick box/es***

INFLUENZA (*over 65 years*) ☐

PNEUMOVAX (*over 65 years*) ☐

ZOSTAVAX (*70 - 79 years*) ☐

OFFICE USE ONLY

Pre-vaccination checklist: Before vaccination, please discuss with the nurse if any of the following conditions apply to the person being vaccinated. The conditions do not necessarily exclude vaccination, but should be considered by the nurse giving the vaccination.

3 Is the person being vaccinated feeling sick today, e.g. *has a fever*?

No ● Yes ☐ *Give details*

4 Is the person being vaccinated allergic to latex, eggs, chicken feathers or any egg products?

No ☐ Yes ☐ *Give details*

5 Is the person being vaccinated allergic to the following antibiotics: Neomycin, Polymyxin or Phenoxyethanol?

No ☐ Yes ☐ *Give details*

6 Does the person being vaccinated have a history of Guillain-Barre syndrome?

No ☐ Yes ☐ *Give details*

Continued over

7 Is the person being vaccinated taking medication for asthma or bronchitis, blood thinning, e.g. *Warfarin* and/or to treat seizures or fits?

No ☐ Yes ☐

8 Has the person being vaccinated previously been vaccinated with a flu vaccine, zostavax or pneumovax?

No ☐ Yes ☐ *Give details*

9 Does the person being vaccinated have a disease/chronic illness which lowers immunity, e.g. *leukaemia, cancer, HIV/AIDS,* or is receiving treatment which lowers immunity e.g. *chemotherapy or radiotherapy*?

No ☐ Yes ☐ *Give details*

10 Has the person being vaccinated experienced significant problems after previous vaccinations?

No ☐ Yes ☐ *Give details*

11 Consent/Authority

- I have read and understood the information page comparing the effects of the diseases and the side effects of the various vaccinations and the advice sheet about common reactions to the vaccinations and what to do about them.
- I have had an opportunity to discuss any concerns about the effects of the diseases, the vaccination and their side effects and the common reactions to the vaccinations with the nurse.
- The information completed by me on this form is true and correct to the best of my knowledge.
- I am authorised to request and give consent for vaccination as stated in the following points.
- I request and consent to myself/this person being vaccinated with the vaccines ticked in the list on the front of this form.
- In order to obtain this service from Brisbane City Council, I acknowledge and consent to the vaccination information being provided to Queensland Health.

12 Details of person completing this immunisation consent and pre-vaccination checklist

Full name

Signature

Date

OFFICE USE ONLY

The person being vaccinated/legal guardian of the person to be vaccinated:

Was given an opportunity to discuss the risks and benefits of the vaccination?

No ☐ Yes ☐

Needed more information?

No ☐ Yes ☐

Required translation material/translator?

No ☐ Yes ☐

Vaccine Provider's signature and date

/ /

Summary of additional information