



# Immunisation Consent Form

Consent form to offer children and adult refugees and applicants seeking protection catch up vaccination and vaccination on the advice of public health such as in the event of an outbreak or travel related advice or other public health advice.

Version 3.0 July 2024

**Privacy Statement:** HSE staff are aware of their obligation under the Data Protection Acts, 1988-2018 (including GDPR). The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and provide health care.

Please note only a parent or legal guardian can consent or refuse consent for young people under 16 years of age. Read more about consent on the HSE website <https://bit.ly/ConsentU16>. Young people aged 16 years or older are legally entitled to consent for themselves.

## Section 1: Personal Details

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

HSE Client ID:

Personal Public Service Number (PPSN):

First name:

Surname (Family Name):

Date of Birth:  Gender: Male ☐ Female ☐

Address (in Ireland):

County:  Eircode:

Mobile Phone Number:

Email Address:

**If 15 years or younger please complete the following**

Mother's Surname at Birth:  Mothers Date of Birth:

Please complete Section 2 **AND**  
Complete

- Section 3a if you are consenting for a child under 2 years of age
- Section 3b if you are consenting for a child aged 2 – 10 years of age
- Section 3c if you are consenting for someone who is 10 years or older (or you are consenting for yourself)
- Section 4 if you are consenting for someone who is 6 months to under 12 months of age for MMR vaccine, on the advice of public health such as in the case of an outbreak or travel related advice.
- Section 5 if you are consenting for someone who is pregnant for Tdap vaccine, on the advice of public health such as in the event of an outbreak or routine maternal vaccination under public health advice.

**AND** Complete Section 6 to give consent for vaccination.



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## Section 2: Please answer the following questions with a yes or no answer

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

Have you/your child had any serious illness?

Yes

☐

No

☐

Please detail

Have you/your child ever had a severe reaction to anything including medication or vaccines? (Including anaphylaxis)

Yes

☐

No

☐

Please detail

Have you/your child had any illness or condition that increases risk of bleeding?

Yes

☐

No

☐

Please detail

Have you/your child received any vaccines in the past 6 months?

Yes

☐

No

☐

Please detail

## Section 3a: Please fill this section for children aged under 2 years ONLY

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

**Diphtheria, tetanus, polio, pertussis (whooping cough), HepB and Hib vaccines**

Has your child received vaccines containing diphtheria, tetanus, polio, pertussis (whooping cough), HepB and Hib?  
In Ireland, this is given as 6-in-1 vaccine at 2, 4 and 6 months

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?

**There is no catch-up for hepatitis B if this is the only vaccine not received**

**MenB (meningococcal B) vaccine**

Has your child ever had anaphylaxis (severe allergic reaction) to latex?

Yes

☐

No

☐

Has your child received any MenB vaccine?

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?



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Version 3.0 July 2024

## Section 3a: Please fill this section for children aged under 2 years ONLY (continued)

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

### PCV13 (pneumococcal) vaccine

Has your child received any PCV13 vaccine?

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?

Rotavirus vaccine (NOT recommended on or after 8 months 0 days old)

Does your child have diarrhoea or vomiting at the moment?

Yes

☐

No

☐

Has your child been diagnosed with a condition called intussusception?

Yes

☐

No

☐

Was your child born with an abnormality of the gut (e.g., Meckel's diverticulum)?

Yes

☐

No

☐

Please detail

Has your child been diagnosed with a condition called Severe Combined Immunodeficiency (SCID)?

Yes

☐

No

☐

Has your child been diagnosed with any of the following rare hereditary conditions?

Fructose Intolerance

☐

Sucrose-Isomaltase Deficiency

☐

Glucose-Galactose Malabsorption

☐

Did this child's mother take a medication called infliximab during her pregnancy and/or when breastfeeding?

Please detail

Does your child live with anyone who is immunocompromised/has a weakened immune system?

Please detail

Has your child received any rotavirus vaccine?

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?



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Version 3.0 July 2024

## Section 3a: Please fill this section for children aged under 2 years ONLY (continued)

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

### MenC (meningococcal C) vaccine

Has your child received any MenC vaccine?

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?

**MMR measles, mumps and rubella vaccine – Should not be counted if MMR was given under 12 months of age unless it was given within 4 days before a child's 1st birthday**

### MMR (measles, mumps and rubella) vaccine

Has your child received MMR vaccine at 12 months or older?

Yes

☐

No

☐

Do not know

☐

Has your child received MMR vaccine for travel/outbreak?

Yes

☐

No

☐

If yes, at what age?

### Hib/MenC vaccine

Has your child received Hib/MenC vaccine at 12 months or older?

Yes

☐

No

☐

Do not know

☐

## Section 3b: Please fill this section for children aged 2 years to <10 years ONLY

**Note: MenB and PCV13 vaccines are NOT generally recommended for children aged 2 years and above**

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

### Diphtheria, tetanus, polio, pertussis (whooping cough), HepB and Hib vaccines

Has your child received vaccines containing diphtheria, tetanus, polio, pertussis (whooping cough), HepB and Hib?  
In Ireland this is given as 6-in-1 vaccine at 2, 4 and 6 months

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?

### MenC (meningococcal C) vaccine

**There is no catch-up for hepatitis B if this is the only vaccine not received**

Has your child received any MenC vaccine?

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?



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Version 3.0 July 2024

## Section 3b: Please fill this section for children aged 2 years to <10 years ONLY (continued)

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

**MMR (measles, mumps and rubella) vaccine – Should not be counted if it was given under 12 months of age unless it was given within 4 days before 1st birthday**

Has your child received MMR vaccine at 12 months or older?

Yes

☐

No

☐

Do not know

☐

If yes, how many doses?

At what age did they receive each dose?

### 4-in-1 (diphtheria, tetanus, polio, pertussis (whooping cough) vaccine

Has your child received 4-in-1 vaccine after their fourth birthday?

Yes

☐

No

☐

Is your child in junior infants in Ireland?

Yes

☐

No

☐

Has your child received any vaccines in primary school in Ireland or elsewhere?

Yes

☐

No

☐

If yes, at what age?

## Section 3c: Please fill this section for people aged 10 years and older including adults ONLY

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

**Note: MenB and PCV13 vaccines are NOT recommended for children aged 2 years and above and HiB is not recommended for 10 years and above**

Diphtheria, tetanus, polio, pertussis (whooping cough) containing vaccines [Tdap/IPV, Td/IPV, DTaP/IPV (only for catch-up in those aged 10-13 years old if Tdap/IPV is unavailable), Tdap]

Have you/your child received vaccines protecting against tetanus, diphtheria, polio and whooping cough? In Ireland these are given as 6-in-1 vaccines due at 2, 4, 6 months?

Yes

☐

No

☐

If yes, how many doses?

At what age did they receive each dose?

Have you/your child received a vaccine protecting against tetanus, diphtheria, polio and whooping cough (in Ireland given as 4-in-1 vaccine) at age 4 or older?

Yes

☐

No

☐

Have you/your child received any vaccines in primary school in Ireland or elsewhere?

Yes

☐

No

☐

If yes, what vaccine?

At what age??



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Version 3.0 July 2024

## Section 3c: Please fill this section for people aged 10 years and older including adults ONLY (continued)

Complete this part for the person getting vaccinated (PLEASE USE BLOCK CAPITALS)

Have you/your child received a fifth vaccine protecting against tetanus, diphtheria and whooping cough (in Ireland given as Tdap) in secondary school in Ireland or elsewhere? Yes ☐ No ☐

If yes, what vaccine?  At what age did they receive each dose?

### MenC (meningococcal C) vaccine

**Note: 1 dose of MenC is recommended up to the age of 23 years ONLY if a MenC containing vaccine was not received at the age of 10 years or above**

Have you/your child received any MenC vaccine or MenC containing vaccine? Yes ☐ No ☐ Do not know ☐

If yes, how many doses?  At what age did they receive each dose?

Have you/your child received any vaccines in secondary school in Ireland or elsewhere? Yes ☐ No ☐

If yes, what vaccine?  At what age?

**MMR (measles, mumps and rubella) vaccine – Should not be counted if it was given under 12 months of age unless it was given within 4 days before 1st birthday.**

Have you/your child received one or more MMR vaccine at 12 months or older? Yes ☐ No ☐ Do not know ☐

If yes, what vaccine?  At what age?

Are you/your child pregnant? Yes ☐ No ☐

**MMR vaccine is not recommended in pregnancy. Pregnancy should be avoided for one month after receiving MMR vaccine.**

## Section 4: Please fill this section if you are consenting for an infant who is 6 months to less than 12 months ONLY

Complete this part for the infant getting vaccinated.

Was the infant's mother treated with a medication called infliximab during pregnancy? Yes ☐ No ☐

Is the infant breastfed and is the mother currently taking monoclonal antibody treatment (including infliximab) post-partum? Yes ☐ No ☐

If the infant's mother was treated with a medication called infliximab during pregnancy or if the infant is breastfed and the mother is currently taking monoclonal antibody treatment (including infliximab) post-partum, please complete the following question.

Has the mothers treating specialist advised that the infant can receive the MMR vaccine? Yes ☐ No ☐

## Section 5: Please fill this section if you are consenting for a person who is pregnant for the Tdap vaccine ONLY

Are you pregnant? Yes ☐ No ☐

Are you at least 16 weeks pregnant? Yes ☐ No ☐

Have you already received Tdap in your current pregnancy? Yes ☐ No ☐

Have you ever had anaphylaxis to a vaccine containing tetanus, diphtheria or whooping cough (pertussis)? Yes ☐ No ☐



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## Section 6: Consent

Sign this section and put an X in each box if you give consent for vaccination.

Yes, I consent to the vaccination of the above named person with the below vaccines.  
Your vaccinator will tell you which vaccines are needed:

6-in-1 vaccine (DTaP/Hib/IPV/Hep B)

☐

MenB (meningococcal B)

☐

MenC (meningococcal C)

☐

PCV (pneumococcal conjugate)

☐

Rotavirus (rotavirus oral vaccine)

☐

MMR (measles, mumps and rubella)

☐

Tdap

☐

4-in-1 (DTaP/IPV)

☐

Tdap/IPV

☐

Td/IPV

☐

Hib/MenC (haemophilus influenza b + meningococcal C)

☐

- I have read and understand the accompanying vaccine information, including known side effects.
- I understand that MMR vaccine is not recommended during pregnancy.

☐☐

Please tick the appropriate box below:

- I understand that I am giving consent for the administration of a catch-up schedule of vaccination in line with the Irish Immunisation Schedule, which may be for one or a course of vaccines as advised by my vaccinator.
- I understand that I am giving consent for administration of vaccines on the advice of public health such as in the case of an outbreak or travel related advice to protect me/my child from a vaccine preventable disease.
- I understand that I am giving consent for administration of Tdap vaccine in pregnancy on the recommendations of public health to protect me and my baby from a vaccine preventable disease.

☐☐☐

If signing for someone under 16 years

- I confirm by signing this form that I am authorised to give consent on behalf of the above named child. (Those aged 16 years or older are legally entitled to consent for themselves).

☐

Signature:

Consent Date:

### FOR OFFICE USE ONLY

Name of Vaccine	Date Given (DD/MM/YYYY)	Dose Number	Vaccine Name & Manufacturer	Batch Number	Expiry Date Month/Year	Injection Site

Prescriber  
Signature:

PIN/MCRN:

Vaccinator  
Signature:

PIN/MCRN:

GP Practice/HSE Clinic/Hospital Name, Address, or Stamp

GP PCI Contract/PCRS ID