



Immunisation Consent Form

Consent form to vaccinate Beneficiaries of Temporary Protection (BOTP) and International Protection Applicants (IPA) children & adults and in the event of an outbreak

Version 2.0 29 December 2022

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 (please circle): 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)

AND Complete Section 4 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 had three doses of 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 Men B vaccine?

Yes No Do not know

If yes, how many doses?

At what age did they receive each dose?

Please answer more questions on page 3



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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)

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 provide details:

Has your child been diagnosed with a condition called Severe Combined

Yes No

Immunodeficiency (SCID)?

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

Yes No

fructose intolerance, sucrose-isomaltase deficiency or glucose-galactose malabsorption

If yes, please name the condition with which your child has been diagnosed:

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

when breastfeeding?

Please provide details:

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

system?

Please provide details:

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?

Please answer more questions on page 4



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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)

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 vaccine

Has your child received had three doses of 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

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

If yes, how many doses?

At what age did they receive each dose?

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?



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

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 and the name of the vaccine?

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 did they receive each dose?



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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)

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 and at what age?

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 you/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 vaccines 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.**

Please go to Section 4 to give consent for vaccination



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Section 4: 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) | <input type="checkbox"/> | MenB (Meningococcal B) | <input type="checkbox"/> |
| MenC (Meningococcal C) | <input type="checkbox"/> | PCV (Pneumococcal conjugate) | <input type="checkbox"/> |
| Rotavirus (Rotavirus oral vaccine) | <input type="checkbox"/> | MMR (Measles, Mumps and Rubella) | <input type="checkbox"/> |
| Hib/MenC (Haemophilus influenza b + Meningococcal C) | <input type="checkbox"/> | 4 in 1 (DTap/IPV) | <input type="checkbox"/> |
| Tdap/IPV | <input type="checkbox"/> | Td/IPV | <input type="checkbox"/> |
| Tdap | <input type="checkbox"/> | | |

- 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 in an outbreak situation to protect me/my child 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: GP Practice / HSE Clinic / Hospital Name, Address, or Stamp

PIN/MCRN:

Vaccinator Signature:

PIN/MCRN: