



Vaccination consent form

for Winter Vaccination Programme for people aged 18 years and older receiving a COVID-19 vaccine and an Inactivated Influenza Vaccine (IIV)

IIV (TRIVALENT) - VAXIGRIP or INFLUVAC SUB-UNIT and the latest COMIRNATY® antigenically updated vaccine available

Please note this form **cannot** be used for people under 18 years of age or for people who have never had a COVID-19 vaccine or for Live Attenuated Influenza Vaccine (LAIV).

This form also **cannot** be used for people with immunocompromise who are receiving their initial COVID-19 vaccine course, due to differences in vaccine interval recommendations.

COMPLETE THE FORM IN BLOCK CAPITALS USING A PEN

Please complete the details in Parts 1-3 of this consent form and return it to your vaccinator.

Part 1: Personal Details

Complete this part with details for the person being vaccinated (PLEASE USE BLOCK CAPITALS)

First Name: Middle Name:

Surname (Family Name):

Otherwise Known As:

Personal Public Service Number (PPSN):

Date of Birth:
D D M M Y Y Y Y

Sex at Birth: Male ☐ Female ☐

Address:

Eircode: County:

Mother's Surname at Birth (Maiden Name):

Is this person a:

Healthcare worker (HCW) ☐ Agency/Contractor HCW ☐ Long Term Residential Care - Resident ☐ Other ☐

Email:

Mobile Phone Number:

Daytime Phone Number:

Country of Birth:

Ethnic or Cultural Background:

A. White

- A.1 ☐ Irish
A.2 ☐ Irish Traveller
A.3 ☐ Roma
A.4 ☐ Any other White background

B. Black or Black Irish

- B.1 ☐ African
B.2 ☐ Any other Black background

C. Asian or Asian Irish

- C.1 ☐ Chinese
C.2 ☐ Indian/Pakistani/Bangladeshi
C.3 ☐ Any other Asian background

D. Other, including mixed background

- D.1 ☐ Arab
D.2 ☐ Mixed, write in description

Description

D.3 ☐ Other, write in description
Description

E. Prefer not to say ☐



The Immunisation Team may need to contact you to discuss details provided in this form. Please note, we may send you an appointment confirmation and/or reminders by SMS and/or email.

Part 2: Medical Details for the person being vaccinated

Please answer the following questions about COVID-19 and influenza vaccination with a yes or a no answer

1. Does this person have a bleeding disorder or are they on anticoagulation therapy? Yes ☐ No ☐

If yes, they can still get a vaccine if they have a bleeding disorder or take anticoagulation medicines, but they should tell their vaccinator about their condition. Individuals with a bleeding disorder or receiving anticoagulant therapy may develop haematomas in intramuscular (IM) injection sites. Prior to vaccination, inform the recipient about this risk. For those with thrombocytopenia (platelet count $<50 \times 10^9$), consult the supervising consultant. Proceed if fits clinical criteria. If no, go to next question.

2. Is this person suffering from an acute febrile illness? Yes ☐ No ☐

If yes, they cannot get this vaccine today, defer vaccination until recovery. If no, go to next question.

Please answer the following questions about the person being offered a COVID-19 vaccination with a yes or a no answer

3. Has this person ever had anaphylaxis (severe allergic reaction) that needed medical treatment

3(i). after having a previous dose of the Moderna (Spikevax®) or any Pfizer/BioNTech (Comirnaty®) COVID-19 vaccine? Yes ☐ No ☐

3(ii). to any of the vaccine ingredients, including polyethylene glycol known as PEG? Yes ☐ No ☐

3(iii). to Trometamol (an ingredient in a contrast dye used in MRI radiological studies)? Yes ☐ No ☐

If yes, they cannot have this COVID-19 vaccine. If no, go to next question.

4. Have they ever had a serious allergic reaction (anaphylaxis)

4(i). after taking multiple different medications, with no reason known for the reaction? Yes ☐ No ☐
This may mean they are allergic to polyethylene glycol (PEG) OR

4(ii). after having a vaccine or a medicine that contains polyethylene glycol (PEG)? OR Yes ☐ No ☐

4(iii). for unexplained reasons? This may mean they are allergic to polyethylene glycol (PEG). Yes ☐ No ☐

If yes, they cannot get this COVID-19 vaccine, they may need specialist advice. Talk to the vaccination team. If no, go to next question.

5. Have they ever had Mastocytosis (rare condition caused by an excess number of mast cells gathering in the body's tissues)? Yes ☐ No ☐

If yes, they can still get the vaccine, BUT they should be observed for 30 minutes after they are vaccinated. If yes or no, go to next question.

6. Have they had Myocarditis (inflammation of the heart muscle) or Pericarditis (inflammation of the lining around the heart) after having a previous dose of COVID-19 vaccine? Yes ☐ No ☐

If yes, they need to answer question 6(i) If no, go to next question.

6(i). since they had myocarditis or pericarditis after a previous dose of COVID-19 vaccine a specialist doctor (Cardiologist) must approve that they can get this vaccine. Has their COVID-19 vaccination been approved by a specialist doctor (Cardiologist)? Yes ☐ No ☐

If yes, go to next question. If no, they cannot get this vaccine today. They should talk to their specialist doctor (Cardiologist) to check if they are suitable for this vaccine.

7. Have they had an mpox (Imvanex or JYNNEOS) in the last 4 weeks? Yes ☐ No ☐

If yes, they need to wait 4 weeks before getting a COVID-19 vaccine. If no, go to next question.

8. Have they had COVID-19 infection or a COVID-19 vaccine in the last 3 months? Yes ☐ No ☐

If yes, they should delay getting the vaccine until it has been at least 3 months, since a COVID-19 infection or their last COVID-19 vaccine. If no, go to next question.



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9. Are they pregnant? Yes ☐ No ☐

If yes, complete questions 9(i) and 9(ii) If no, go to next question.

9(i). have they already had a COVID-19 vaccine in this pregnancy? Yes ☐ No ☐

If yes, they should be informed that usually in pregnancy, only one dose is offered. However, if they are pregnant and immunocompromised, a second dose of the vaccine may be considered if it has been more than 6 months since their last vaccine or infection. They should speak to their healthcare provider. If no go to question 9(ii).

9(ii). have they had COVID-19 infection or a COVID-19 vaccine in the last 6 months? Yes ☐ No ☐

If yes, they should wait at least 6 months from their last COVID-19 infection or COVID-19 vaccine to get vaccinated. If no, go to the next section.

Please note that the interval between last infection or last vaccination is different in pregnancy. If eligible, a COVID-19 vaccine can be given at any time in pregnancy but ideally should be given between 20 and 34 weeks of pregnancy.

Please answer the following questions about the person being offered an influenza vaccination with a yes or a no answer

10. Has this person ever had anaphylaxis (severe allergic reaction) following a previous dose of influenza vaccine or any of its constituents? Yes ☐ No ☐

If yes, ineligible for vaccination as anaphylaxis following a previous dose of influenza vaccine or any of its constituents is a contraindication to vaccination. If no, go to next question.

11. Has this person ever required admission to ICU for a previous severe anaphylaxis to egg? Yes ☐ No ☐

If yes, those requiring inactivated influenza vaccine who have had a previous ICU admission for a severe anaphylaxis to egg need to be referred for specialist assessment with regard to vaccine administration in hospital. If yes, go to Question 11(i). If no, go to next question.

11(i). has this person had a specialist assessment regarding their severe egg allergy in the past requiring ICU admission and are now recommended the inactivated influenza vaccine? Yes ☐ No ☐

If yes, go to next question. If no, they cannot be vaccinated today.

12. Is this person on combination checkpoint inhibitors such as ipilimumab or nivolumab? Yes ☐ No ☐

If yes, they may not be able to have the influenza vaccine. They may not be able to receive any influenza vaccines, because of a potential association with immune related adverse reactions. This should be discussed with their treating specialist. If no, go to next question.

13. Does this person have severe neutropenia (low levels of a type of white blood cell) i.e. absolute neutrophil count $<0.5 \times 10^9/L$? This does not apply to those with primary autoimmune neutropenia. Yes ☐ No ☐

If yes, they should not receive any vaccines, to avoid an acute vaccine related febrile episode. If no, go to next question.

14. Is this the first time this person is receiving the influenza vaccine this season (September to April)? Yes ☐ No ☐

If no, please answer question 15.

15. Very few people need a second dose of influenza vaccine. Does the person receiving the influenza vaccine fit any of the following criteria: Yes ☐ No ☐

- Post haematopoietic stem cell transplant or post solid organ transplant and receiving an influenza vaccine for the first time post transplant
- Person with cancer who received the first influenza vaccine while on chemotherapy in this influenza season or who completed their treatment in the same influenza season (September to April).

If yes, they can receive a second influenza vaccine this season, at least 4 weeks since their first dose (and at least 4 weeks after completion of treatment for patients completing cancer treatment).

If no, they do not require a second influenza vaccine.

COVID-19 and influenza vaccination may proceed if no issues for further investigation, deferral or contraindications are noted in the above questions.



Part 3: Vaccination Consent

One of these options is appropriate for each vaccine when establishing consent (please tick as appropriate)

1. The individual has consented to vaccination with:

- COVID-19 vaccine and has been provided with written information
- Influenza vaccine and has been provided with written information

☐
☐

OR

2. The individual does not consent to having a:

- COVID-19 vaccine, and should not be vaccinated with a COVID-19 vaccine
- Influenza vaccine and should not be vaccinated with an influenza vaccine

☐
☐

OR

3. The individual cannot consent, and they are being vaccinated with a:

- COVID-19 vaccine according to their benefit and will and preference
- Influenza vaccine according to their benefit and will and preference

☐
☐

AND

the above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.

Name (Please print)

Signature: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Thank you for completing the consent form. Please return it to your vaccinator.

Privacy Notice: The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the [HSE Privacy Notice for Patients and Service Users](#) which is accessible via the [HSE Privacy Statement](#). The processing of your data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.

FOR OFFICE USE ONLY

This person is eligible to receive COVID-19 vaccine ☐

This person is eligible to receive influenza vaccine ☐

IIV (Trivalent) - VAXIGRIP or INFLUVAC SUB-UNIT

Prescriber's signature and MCRN/PIN	Vaccinator's signature and MCRN/PIN	Product Name	Batch No.	Expiry Date	Vaccination Site		Date Given							
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COVID-19 Vaccine - the latest Comirnaty® antigenically updated vaccine available

Prescriber's signature and MCRN/PIN	Vaccinator's signature and MCRN/PIN	Batch No.	Expiry Date	Vaccination Site		Date Given							
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			M M Y Y Y Y			D D M M Y Y Y Y							

Completed by: _____ MCRN/PIN: _____

D	D	M	M	Y	Y	Y	Y

If vaccine not administered please state why?

DNA or Absent

Refused on the Day ☐Vaccine Contraindicated ☐Deferred ☐

Other

Notes/Comments

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