



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

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

Ethnic or Cultural Background:

**E. Prefer not to say** ☐



## Vaccination consent form for people receiving Inactivated Influenza Vaccine (IIV) IIV (Trivalent) - Vaxgrip or Influvac Sub-unit

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

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

1. 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.**
- 2a. 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 2b. if no, go to question 3.**
- 2b. 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.**
3. 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.**
4. Is this person on combination checkpoint inhibitors such as ipilimumab or nivolumab? Yes ☐ No ☐  
**If yes, they may not be able to have the vaccine. They may not be able to receive any flu 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**
5. 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 the influenza vaccine, to avoid an acute vaccine related febrile episode. They are ineligible for vaccination. If no, go to next question.**
- 6a. Is this the first time this person is receiving the influenza vaccine this season (September to April)? Yes ☐ No ☐  
**If yes, go to Question 7. If no, please answer question 6b.**
- 6b. Very few people need a second dose of influenza vaccine.  
Does the person receiving the vaccine fit any of the following criteria: Yes ☐ No ☐
  - For children, are they aged 6 months to 8 years and receiving influenza vaccine for the first time
  - Post haematopoietic stem cell transplant or post solid organ transplant and receiving 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.**
7. Does this person have any illness or condition that increases their risk of bleeding? Yes ☐ No ☐  
**If yes, 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  $<50 \times 10^3$ ), consult the supervising consultant. Proceed if fits clinical criteria. If no, go to question 8.**
8. Is this person a child aged 12-23 months who has received a PCV vaccine within the last week? Yes ☐ No ☐  
**If yes, then defer flu vaccine by at least one week from the PCV vaccine, if no, vaccination may proceed today.**

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 when establishing consent (please tick as appropriate)

1. The individual has consented to vaccination with influenza vaccine and has been provided with written information, ☐  
**OR**
2. The individual does not consent to influenza vaccination and should not be vaccinated, ☐  
**OR**
3. The individual cannot consent and they are being vaccinated with 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:   
D D M M Y Y Y Y

### For people aged 15 years and younger

**Medical Consent:** Please note only a parent or legal guardian can provide consent for a medical procedure, or refuse consent for a medical procedure for young people under 16 years of age. Young people aged 16 years or older are legally entitled to consent for themselves. Read more about the HSE Consent Policy on the HSE website.

By signing the below I confirm that:

1. I am authorised to give consent on behalf of the above named child/young person.
2. I understand that I am giving consent for the administration of a dose of influenza vaccine.
3. I have read and understand the accompanying vaccine information, including known side effects.

Name (Please print)

Signature: \_\_\_\_\_

Date:

(Please tick) Parent ☐ Legal Guardian ☐

This Young person assents to receiving the vaccine (Please tick) ☐

**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 / your child's 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.



## IIV (Trivalent) - Vaxigrip or Influvac Sub-unit

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

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.