## Influenza Consent & Medical Eligibility

## QIV Vaccine - Influvac Tetra only

Complete this part with your details (PLEASE USE BLOCK CAPITALS)								
First Name:								
Surname:								
Date of Birth:	D D M M Y Y Y Y							
Gender:	Male Female							
Mother's Birth Surname:								
Personal Public Services Number (PPSN):								
Ethnic or cultural background	ound:							
A. White (Irish, Irish traveller, Roma, Ukrainian, any other White background)								
B. Black or Black Irish (African, any other Black background)								
C. Asian or Asian Irish (Chinese, any other Asian background)								
D. other, including mixed background (Arabic, any other write in description)								
E. prefer not to say								
Description								
Email Address:								
Mobile Phone Number:								
Address:								
Eircode:								
County:								
GP Name:								
GP Address:								
Mobile Phone Number:								
Staff Group:								

(see page 3 for a full list)



Do you work directly wit	Yes	No	
Is this the first time you	have had the flu vaccine?	Yes	No 🗌
Employer: (eg HSE CHO)			
Work Location: (eg CHO9			
County: (eg Dublin)			
Service: (eg Mental Health)			
Service Sub Grouping: (eg Mental Health Residential			
Name of Work Location (eg Dublin City Mental Health			
Name of Ward/Dept.: (eg Phoenix Care)			
Complete this part for	the person being vaccinated (PLEASE USE BLOCK CAPIT	TALS)	
Name:			
Date of Birth:			
Please answer the follo	owing questions with a yes or no answer		
1. Have you ever had a		Yes	No 🗌
Have you ever had a dose of influenza valif yes, ineligible for vac	owing questions with a yes or no answer naphylaxis (severe allergic reaction) following a previous		No 🗌
Have you ever had a dose of influenza valif yes, ineligible for vac constituents is a contra	owing questions with a yes or no answer naphylaxis (severe allergic reaction) following a previous ccine or any of its constituents? cination as anaphylaxis following a previous dose of influenza vaccine	or any of its	No
<ol> <li>Have you ever had a dose of influenza valif yes, ineligible for vacconstituents is a contral.</li> <li>Have you ever requiring the requiring to the second of the secon</li></ol>	powing questions with a yes or no answer naphylaxis (severe allergic reaction) following a previous ccine or any of its constituents? cination as anaphylaxis following a previous dose of influenza vaccine cindication to vaccination. If no, GO TO NEXT QUESTION.  ed admission to ICU for a previous severe anaphylaxis to egg? con-live influenza vaccine who have had a previous ICU admission for red for specialist assessment with regard to vaccine administration in	or any of its Yes	No [
<ol> <li>Have you ever had a dose of influenza valif yes, ineligible for vacconstituents is a contract.</li> <li>Have you ever requiring to egg need to be refereduestion 2b. If no, go to the dose in the contract of the contract of</li></ol>	powing questions with a yes or no answer naphylaxis (severe allergic reaction) following a previous ccine or any of its constituents? cination as anaphylaxis following a previous dose of influenza vaccine cindication to vaccination. If no, GO TO NEXT QUESTION.  ed admission to ICU for a previous severe anaphylaxis to egg? con-live influenza vaccine who have had a previous ICU admission for red for specialist assessment with regard to vaccine administration in	or any of its Yes	No [
<ol> <li>Have you ever had a dose of influenza valif yes, ineligible for vacconstituents is a contract.</li> <li>Have you ever requiring to egg need to be refer Question 2b. If no, go to 2b. Have you had a spe past requiring ICU a</li> </ol>	naphylaxis (severe allergic reaction) following a previous ccine or any of its constituents?  cination as anaphylaxis following a previous dose of influenza vaccine indication to vaccination. If no, GO TO NEXT QUESTION.  ed admission to ICU for a previous severe anaphylaxis to egg?  con-live influenza vaccine who have had a previous ICU admission for red for specialist assessment with regard to vaccine administration in the Question 3.	Yes a severe anaphospital. If ye	No Dhylaxis es, go to
<ol> <li>Have you ever had a dose of influenza valif yes, ineligible for vacconstituents is a contract.</li> <li>Have you ever requiring to egg need to be refereduestion 2b. If no, go to the past requiring ICU a lif yes, GO TO NEXT QUESTION.</li> </ol>	naphylaxis (severe allergic reaction) following a previous ccine or any of its constituents?  cination as anaphylaxis following a previous dose of influenza vaccine indication to vaccination. If no, GO TO NEXT QUESTION.  ed admission to ICU for a previous severe anaphylaxis to egg?  con-live influenza vaccine who have had a previous ICU admission for red for specialist assessment with regard to vaccine administration in the Question 3.  cialist assessment regarding their severe egg allergy in the dmission and are now recommended the QIV vaccine here?	Yes a severe anaphospital. If ye	No Dhylaxis es, go to
<ol> <li>Have you ever had a dose of influenza valif yes, ineligible for vacconstituents is a contract.</li> <li>Have you ever requiring to egg need to be refereduestion 2b. If no, go to the past requiring ICU a lif yes, GO TO NEXT QU.</li> <li>Are you suffering from</li> </ol>	naphylaxis (severe allergic reaction) following a previous ccine or any of its constituents?  cination as anaphylaxis following a previous dose of influenza vaccine indication to vaccination. If no, GO TO NEXT QUESTION.  ed admission to ICU for a previous severe anaphylaxis to egg?  con-live influenza vaccine who have had a previous ICU admission for red for specialist assessment with regard to vaccine administration in the Question 3.  cialist assessment regarding their severe egg allergy in the dmission and are now recommended the QIV vaccine here?  ESTION. If no, you cannot be vaccinated today.	Yes Yes Yes Yes	No Dhylaxis es, go to
<ol> <li>Have you ever had a dose of influenza valif yes, ineligible for vac constituents is a contract.</li> <li>Have you ever requiring to egg need to be refer Question 2b. If no, go to 2b. Have you had a spepast requiring ICU a lf yes, GO TO NEXT QUESTION.</li> <li>Are you suffering from If yes, you cannot get to dose of influence of the dose of influence of influe</li></ol>	powing questions with a yes or no answer naphylaxis (severe allergic reaction) following a previous ceine or any of its constituents?  cination as anaphylaxis following a previous dose of influenza vaccine cindication to vaccination. If no, GO TO NEXT QUESTION.  ed admission to ICU for a previous severe anaphylaxis to egg?  con-live influenza vaccine who have had a previous ICU admission for red for specialist assessment with regard to vaccine administration in conclusion 3.  cialist assessment regarding their severe egg allergy in the dmission and are now recommended the QIV vaccine here?  ESTION. If no, you cannot be vaccinated today.  m an acute febrile illness?	Yes Yes Yes Yes	No Dhylaxis es, go to

i.e. absolute neutr	rophil count <0.	Yes	No 🗌							
	If yes, you should not receive any vaccines, to avoid an acute vaccine related febrile episode. Ineligible for vaccination. If no, GO TO NEXT QUESTION.									
6a. Is this the first tim	Yes	No								
If yes, go to Question 7. If no, please answer question 6b.										
6b. Very few people need a second dose of flu vaccine.  Do you fit any of the following criteria:  Post haematopoeitic stem cell transplant or post solid organ transplant  Cancer patients who received the first flu vaccine while on chemotherapy in this flu season or who completed their treatment in the same flu season (September to April).										
7. Do you have any il	lness or condition	n that increases	their risk of blee	eding?	Yes	No				
intramuscular (IM) ir thrombocytopenia (IM) ir	platelet count <50	x10 <sup>3</sup> ), consult the				ria.				
I have read and under	rstand the acco	mpanying vacc	ine information	including risks	and side effec	cts.				
Signature:				Date:	D D M M Y					
FOR OFFICE USI	E ONLY									
QIV Vaccine - Int	fluvac Tetra (	only								
Date Given	Vaccine Name & Manufacturer	Batch Number	Expiry Date Month/Year	Site of Vaccination	Name of Vaco (please print PIN/MCF	t) and				
D D M M Y Y Y Y										
I confirm that the information collected on this form has been added to the ICT system (tick box)										
Name:										

## Staff Groups

Nursing: Nurses, Midwives, Nurse Manager/Person in charge, Student Nurses

**Medical & Dental Professionals:** Doctors, Consultants, Dentists, Orthodontists, Dental Nurses, Student Dentist, Student Doctor, Student Dental Nurse

**Health & Social Care Professionals:** Physical Therapist, OT, Dietician, Radiographers, Laboratories Staff, CWO, Social Workers, EMT, Audiologist, Phlebotomist, MLSO, MLA, Environmental Health Officer, Psychologist, Speech & Language Therapist, Sonographer, Psychotherapist, Podiatrist, Pharmacist, Pharmacy Technician, Physical & Sensory, Orthotist, Counsellor for special needs, Child & family development, Autism therapist, Assistive Technology, Student

**Other Patient & Client Care Groups:** Health care assistants, Home support workers, Attendant/aid, dental assistant, Key worker, Mortuary technician, Cardiac Technician

**General Support Staff:** Caretaker, Chaplin, Domestic, Driver, Engineering, Gardner, Kitchen, Maintenance, MTA, Photographer, Porter, Radio, Security, Shop, TSD

**Management & Admin:** Business manager, Clerical officers/Admin, General Manager, Head of Service, IT Department, Project Manager, Service manager, Co Ordinator

Other: Other



**Privacy Statement:** In order to administer vaccine(s) safely, and to record all of the necessary data for monitoring and managing vaccine(s), the HSE will be processing your personal data. All data processed by the HSE will be in accordance with the various data protection legislation including the Data Protection Acts 1988-2018, the Regulation (EU) 2016/679 (General Data Protection Regulation, GDPR), and the Health Identifiers Act 2014. 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.