

H1N1 (Swine) Flu Vaccination Consent Form



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Rheynn Slaynt as Shickyrys Y Theay

Patient's full name (first name, middle name and surname):

Date of Birth:

Home Address:

Daytime contact telephone number:

NHS Number (if known):

GP Name and Address

Occupation:

Employer:

Medical History

Have you previously had a Seasonal Flu Vaccine?

Yes No

Have you ever had a reaction to any vaccines?

Yes No

Are you allergic to eggs?

Yes No

Have you any other allergies?

Yes No

Do you think you might be pregnant?

Yes No

Are you taking any medication?

Yes No

If yes, state the name and the condition you take it for

Are you generally well at present?

Yes No

Statement of Patient, or Person with Parental Responsibility for the Patient

I have read and understood 'H1N1 (Swine) Flu Vaccine - The Facts' and the likely risks and benefits and agree to vaccination.

Signature:

Relationship to Patient:

Name (print):

Date:

OFFICE USE ONLY - For Completion by Health Professional

Information has been given on the benefits and risks of vaccination?

Yes No

Requires?

Single 2 Doses

Consent obtained above?

Yes No

Type of Vaccine?

Pandemrix Celvapan

Expiry Date?

Lot No.?

Site Given?

Left Deltoid Right Deltoid Other

Signature:

Job Title

Name (print):

Date:

The information on this form can be provided in large print or on audio tape on request