# Immunisation Consent and Screening Form – Template

### PERSON TO BE VACCINATED

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: | | |  | | | Date of birth: | |  |
| Address: | |  | | | | | | |
| Phone: |  | | | Male Female | Medicare No.: | |  | |

**I have read and understood the information given to me about immunisation including the risks and benefits. I have been given the opportunity to discuss this with my doctor/nurse. I consent for the above named to be vaccinated with the vaccines ticked below. I understand the information I provide, and information related to any vaccines administered, will be recorded electronically and/or in hard copy.   
I consent to the disclosure of this information to relevant health professionals and the Australian Immunisation Register. I can contact my immunisation service provider if I am concerned personal information has been misused or subject to unauthorised access.**

### Please tick 🗹 appropriate boxes for each vaccine

|  |  |
| --- | --- |
| Adsorbed Diphtheria/Tetanus | YES |
| Diphtheria/Tetanus/acellular Pertussis | YES |
| Diphtheria/Tetanus/acellular Pertussis/Polio | YES |
| Diphtheria/Tetanus/acellular Pertussis/Polio/Hib/Hep B | YES |
| Hepatitis A | YES |
| Hepatitis B | YES |
| Human Papillomavirus (HPV) | YES |
| *Haemophilus influenzae* type b | YES |
| Influenza | YES |
| Measles/Mumps/Rubella | YES |
| Measles/Mumps/Rubella/Varicella | YES |
| Meningococcal | YES |
| Pneumococcal conjugate | YES |
| Pneumococcal polysaccharide | YES |
| Polio | YES |
| Rotavirus | YES |
| Varicella | YES |
| Zoster | YES |
| Other *(please specify)* | YES |

**Signature of person consenting:** Date / /

Print Name:

Relationship to person to be vaccinated:

**Signature of immunisation provider:** Date: / /

Print Name: Designation:

### Please indicate if the person to be vaccinated[[1]](#footnote-1):

|  |  |
| --- | --- |
|  | is unwell today. |
|  | has a disease that lowers immunity (e.g. leukaemia, cancer, HIV) or is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs [disease-modifying  anti-rheumatic drugs], radiotherapy, chemotherapy). |
|  | is an infant of a mother who was receiving highly immunosuppressive therapy (e.g. bDMARDs [biologic disease-modifying anti-rheumatic drugs]) during pregnancy. |
|  | has had a severe reaction following any vaccine. |
|  | Has *any* severe allergies (to anything). |
|  | has had any vaccine in the past month. |
|  | has had an injection of [immunoglobulin](https://immunisationhandbook.health.gov.au/technical-terms#immunoglobulin), or received any blood products or a whole-blood transfusion within the past year. |
|  | is pregnant. |
|  | has a history of Guillain–Barré syndrome. |
|  | was a [preterm infant](https://immunisationhandbook.health.gov.au/technical-terms#preterm-infant). |
|  | has a severe or chronic illness. |
|  | has a bleeding disorder. |
|  | identifies as an Aboriginal or Torres Strait Islander person. |
|  | does not have a functioning spleen. |
|  | is planning a pregnancy or anticipating parenthood. |
|  | is a parent, grandparent or carer of an infant ≤6 months of age. |
|  | lives with someone who has a disease that lowers immunity (e.g. leukaemia, cancer, HIV) or lives with someone who is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs [disease-modifying anti-rheumatic drugs], radiotherapy, chemotherapy). |
|  | is planning travel. |
|  | has an occupation or lifestyle factor(s) for which vaccination may be needed (discuss with doctor/nurse). |

Note: Please discuss this information or any questions you have about vaccination with your doctor/nurse before the vaccines are given.

Before any vaccination takes place, your doctor/nurse should ask you:

|  |  |
| --- | --- |
|  | Did you understand the information provided to you about vaccination? |
|  | Do you need more information to decide whether to proceed? |
|  | Did you bring your/your child’s vaccination record card with you? |

It is important for you to receive a personal record of your vaccinations or your child’s vaccinations. If you do not have a record, ask your doctor/nurse to give you one. Bring this record with you every time you or your child visit for vaccination. Make sure your doctor/nurse records all vaccinations on it.

1. Australian Immunisation Handbook, <https://immunisationhandbook.health.gov.au/> [↑](#footnote-ref-1)