Irish Pharmacy Union
The voice of community pharmacy

Pharmacy reference number

Sheridan's Pharmacy
Unit O, Roselawn Shopping Centre
Roselawn Road
Blanchardstown
Dublin 15

Pharmacy Influenza QIV Vaccination Patient Consent Form

Personal Details

Surname: _____ Phone No: _____

Forename: _____ Gender: _____

Address: _____ PPSN: _____

_____ GP Name: _____

Date of Birth: _____ GP Address: _____

Medical History	Yes	No
• Is the patient 6 months of age or older?	❑	❑
• If under 9 years old, have they had the vaccine before?	❑	❑
• Are you pregnant?	❑	❑
• Have you had breast surgery?	❑	❑
• Do you feel unwell in any way?	❑	❑
• Are you allergic to eggs or chicken?	❑	❑
• Have you ever had an allergic reaction to any previous vaccination?	❑	❑
• Are you allergic to any of the vaccine residues or excipients?	❑	❑
• Have you ever suffered an anaphylaxis attack?	❑	❑
• Please list any current medical conditions, medications or allergies:		
_____		

Consent:

I have read and understood the influenza vaccination leaflet and have been given an opportunity to speak to the pharmacist providing the vaccine.

I understand:
- The nature of the treatment.
- The benefits and risks of immunisation.
- The risks of influenza.
- The possible side effects of vaccination, when they might occur and how they should be treated.

I have been given an opportunity to ask questions and raise any concerns.
I agree that the details I have supplied have been recorded and those records will be kept by Sheridan's pharmacy and shared with the HSE for the purposes of public health as required by legislation.

	Yes	No
I agree to proceed with the vaccination for Influenza:	❑	❑
I agree for a copy of my vaccination record form to be sent to my GP:	❑	❑

Signature: _____ Date: _____

For under 16's, Name of Parent/Guardian _____

Vaccination Details

Vaccine Name: _____ Injection Site: _____

Date of Administration: _____ Batch Number: _____

Vaccine Dosage: _____ Expiry Date: _____

Marketing Authorisation Number: _____ PSI number: _____

Vaccinating pharmacists name: _____ HSE funded vaccine ❑ Private vaccine ❑