Immunisation Consent Form

ADOLESCENT (10 years to 19 years)

Office Use Only

☐ Medicare Card Sighted ______________

☐ Photo ID Sighted ___________________

Name: ____ Age: __________

First Name Middle Name Surname

☐ Male ☐ Female DateofBirth: _ _/_ _/_ _ _ Parents Name: ______________________________

First Name Surname

Address: ______________________ Suburb: ____________________ Post Code: __________

☐ Aboriginal ☐ Aboriginal & Torres Strait Islander ☐ Torres Strait Islander ☐ Non Indigenous

Contact Number: ____________________ Email: ______________________________________

School Name: ____ Grade: ______________

Medicare: ☐☐☐☐☐☐☐☐☐☐ Ref No: ☐

Pre-Vaccination Checklist (Please Tick)

		YES	NO
1.	Are you or your child unwell today?	☐	☐
2.	Have you or your child ever had a reaction to any vaccine?	☐	☐
3.	Do you or your child have any severe allergies?	☐	☐
4.	Have you or your child had a live vaccine (including BCG, MMR, Chickenpox, Rotavirus or Yellow Fever) within the past month?	☐	☐
5.	Have you or your child had an injection of Immunoglobulin or Blood Transfusion in the last 12 months?	☐	☐
6.	Do you or your child have a disease/condition which lowers immunity, (eg asplenia, leukaemia, cancer, HIV/AIDS, lymphoma, TB, Hodgkin's disease), or receiving a treatment which lowers immunity, (e.g. chemotherapy or radiotherapy)?	☐	☐
7.	Do you or your child live with someone who has one of the above diseases or is receiving any of the above treatments?	☐	☐
8.	Do you or your child have a chronic illness or bleeding disorder?	☐	☐
9.	Do you or your child identify as Aboriginal or Torres Strait Islander (if yes, please circle to identify)	☐	☐
10.	Is there any chance you or your child could be pregnant, are breastfeeding or planning pregnancy?	☐	☐
11.	Have you had a COVID-19 vaccine? If yes, date received:	☐	☐

Before vaccination, please discuss with the nurse if any of the above conditions apply to the person being vaccinated. The conditions do not necessarily exclude vaccination but should be considered by the nurse giving the vaccine. Every person immunised must wait for a minimum of 15 minutes after immunisation in case of an adverse reaction.

Consent/Authority

- I have read and understood the information page comparing the side effect of vaccines to the effects of the diseases and have had the opportunity to discuss this with the nurses.
- The information completed by me on this form is true and correct to the best of my knowledge.
- I am authorised to request and give consent for vaccination.

Logan City Council is collecting your name, address, contact and, if required, payment details for the purpose of processing your vaccination record. The information will only be accessed by employees and/or Councillors of Logan City Council. The information will be given to The Australian Immunisation Register and accessed by SmartVax (a vaccine safety and surveillance system) Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

What is your relationship to the child or, are you >18 years of age and signing for yourself?

☐ Parent ☐ A person with authorisation from the Parent/Legal Guardian

☐ Legal Guardian ☐ >18 yrs of age and signing for yourself

By signing this form you are agreeing for either yourself or your child to be vaccinated by Logan City Council.

Signature:________________________________ Date:____________________

Office Use Only (Nurses, please check, tick and sign)	
☐ Name Checked	☐ Date of Birth Checked
☐ Pre-vaccination checklist reviewed	☐ Risk Factors documented
Nurse Name & Signature:	

Office Use Only

Doc # 12233919

Is this person on a Catch-Up schedule? YES NO If yes, Catch-Up #: ______________ Reason: ____________________

Catch up vaccines required	Site	Office Use Only (DOSE please circle)		
☐ **Adacel® or Boostrix®** (Diphtheria, Tetanus, Pertussis)	LA RA	1	2	3
☐ **EngerixB® or HB Vax II®** (Hepatitis B) (2 doses of Adult can be given if 11yrs to <15yrs) Please Tick Dose *☐ Adult OR ☐ Paediatric*	LA RA	1	2	3
☐ **Gardasil 9®** (Human Papilloma Virus) (3 doses required if >15yrs)	LA RA	1	2	3
☐ **IPOL®** (Inactivated Polio)	LA RA	1	2	3
☐ **Nimenrix® or Menactra®** (Meningococcal A,C,W,Y)	LA RA	1	2	
☐ **Prevenar13** (Pneumococcal) Med @ Risk (Refer to NIP Pneumococcal Decision Tree)	LA RA	1		
☐ **Pneuomax23** (Pneumococcal) Med @ Risk (Refer to NIP Pneumococcal Decision Tree)	LA RA	1	2	
☐ **Priorix® or MMR II®** (Measles, Mumps & Rubella)	LA RA	1	2	
☐ **PriorixTetra® or ProQuad®** (Measles, Mumps, Rubella & Varicella)(only for children <14yrs)	LA RA	2		
☐ **Varivax® or Varilrix®** (Varicella) (2 doses required if >14yrs)	LA RA	1	2	

School Program Catch Up Vaccines *(Student who are home schooled are also eligible)*	Site	Office Use Only (DOSE please circle)		
☐ **Boostrix®** (Diphtheria, Tetanus, Pertussis) *Tick if student is in grade 7 or 8*	LA RA	5		
☐ **Gardasil 9®** (Human Papilloma Virus) *Tick if student is in grade 7 or 8* (3 doses required if >15yrs)	LA RA	1	2	3
Does the parent/legal guardian want the 2nd dose of HPV given at school? **YES** or **NO** If yes, parent/legal guardian signature required:	LA RA	Parent/Legal Guardian Sign Here:		
☐ **Nimenrix®** (Meningococcal A,C,W,Y) *Tick if student is in grade 10 or 11*	LA RA	2		

Other Vaccines Required	Site	Office Use Only (DOSE please circle)		
☐ **FluarixTetra® or FluQuadri® or AfluriaQuad®**	LA RA	1		☐ PAID ☐ FREE
☐ **Avaxim® or Vaqta®** (Hepatitis A – For Purchase or Staff)	LA RA	1	2	☐ PAID ☐ FREE
☐ **Bexsero** (Meningococcal B) Med @ Risk (2 doses required – 2 months apart)	LA RA	1	2	☐ PAID ☐ FREE

Other:____

Office Use Only

The person being vaccinated, the parent/legal guardian or the authorised person of the child to be vaccinated:

- Was given the opportunity to discuss the risks and benefits of the vaccination. ☐ **Yes** ☐ **No**
- Is the person being vaccinated signing for themselves? ☐ **Yes** ☐ **No**
  - If yes, are they >18yrs ☐ **Yes** ☐ **No** (Record below)

Nurse Name & Signature:______________________________Date: ________________

Working towards a healthier Logan