1.48.001 Immunisation Consent Form

RESIDENT DETAILS

Resident Name | Date of Birth

IRT Aged Care Centre

VACCINE/S BEING RECEIVED

1. | 2.

3. | 4.

VACCINE/DISEASE INFORMTION

See below links to webpages with detailed vaccine information.

1. The Australian Immunisation Handbook

The Australian Immunisation Handbook provides clinical guidelines for healthcare professionals and others about using vaccines safely and effectively.

2. NCIRS fact sheets, FAQs and other resources

NCIRS fact sheets, FAQs and other resources have been developed primarily for immunisation providers. However, these may also be of interest to members of the public.

3. Australian Academy of Science- The Science of Immunisation

See the "Science of immunisation: questions and answers" is freely available below or as a printed booklet from the Academy. It was prepared by an expert working group of 12 members chaired by Professor Carola Vinuesa FAA FAHMS, and was reviewed by an expert panel.

4. Australian Institute of Health and Welfare- Vaccine-preventable Diseases Fact Sheets

5. Department of health and Aged Care- COVID-19 vaccination – Easy Read resources

A series of fact sheets about COVID-19 vaccines in Easy Read form.

! Refer to the Live zoster vaccine (Zostavax) screening for contraindications questions and upload to 'Uploaded Documents' in Platinum where a **resident is planned to have the zoster vaccine**.

The completed form must be returned to the Care Manager at the IRT Aged Care Centre

AUTHORISATION

Name of Immunisation Provider			
Signature of Immunisation Provider		Date	

CONSENT

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 a doctor/nurse. I consent for the above named to be vaccinated with the vaccines listed. 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.

Name of Resident or Person Responsible			
Relationship to Resident Being Vaccinated			
Signature of Resident or Person Responsible		Date	

The completed form must be returned to the Care Manager at the IRT Aged Care Centre

CONSENT CHECKLIST			
PERSON TO BE VACCINATED;		**Yes**	**No**
Is unwell today		☐	☐
Please describe			
Has a disease which lowers immunity or is having treatment which lowers immunity		☐	☐
Please describe			
Has had a severe reaction following any vaccine		☐	☐
Please describe			
Has any severe allergies to anything (an allergy must be recorded)		☐	☐
Please describe			
Has had a chronic illness or bleeding disorder or taking blood thinning medication?		☐	☐
Please describe			
Has a past history of Guillain-Barre syndrome		☐	☐
Please describe			
Has received any vaccination in the last 4 weeks?		☐	☐
Please describe			
Has had any vaccine within the last month, or injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year		☐	☐
Please describe			

COVID-19 VACCINE CONSENT CHECKLIST (use in conjunction with above checklist)			
PERSON TO BE VACCINATED;		**Yes**	**No**
Has a history of mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis?		☐	☐
Please describe			
Has been diagnosed with myocarditis and/or pericarditis after a previous COVID-19 vaccine dose?		☐	☐
Please describe			
Have you had myocarditis or pericarditis within the past three months?		☐	☐
Please describe			
Has acute rheumatic fever or acute rheumatic heart disease? Or severe heart failure?		☐	☐
Please describe			
Ever been diagnosed with capillary leak syndrome?		☐	☐
Please describe			

The completed form must be returned to the Care Manager at the IRT Aged Care Centre

THIS SECTION IS FOR OFFICE USE ONLY:

Details entered into Platinum Immunisation Record and form uploaded into "Uploaded Documents" in Platinum.

ADMINISTRATION DETAILS

	Vaccine 1	Vaccine 2	Vaccine 3	Vaccine 4
Type of Immunisation (E.g. Influenza, COVID-19 5th Dose)				
Vaccine Brand Name				
Batch Number				
Serial Number (if known)				
Site of Injection				
Name of Vaccination Provider				
Comments				
Name of Vaccinator				
Signature of Vaccinator				

The completed form must be returned to the Care Manager at the IRT Aged Care Centre