



## Consumer Vaccination Pre-Screening/Consent Recording Form

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### 1. Personal Details

Full Name				
Address				
Mobile				
Date of Birth				
Medicare	Sex	Male	Female	Non

### 2. Primary Medical Practitioner

Doctor	Phone	
Address		
Email		

### 3. Pre-Vaccination Screening Checklist

*Reference Australian Immunisation Handbook 10th Ed*

Please indicate if you:

Are unwell today <input type="checkbox"/>	Identify as Aboriginal or Torres Strait Islander <input type="checkbox"/>
Have a history of Guillian Barre Syndrome <input type="checkbox"/>	Are Pregnant <input type="checkbox"/>
Have disease that lowers immunity (eg Leukaemia, Cancer, HIV/Aids) or are having treatment that lowers immunity (eg oral steroid medicines such as cortisone and prednisolone, radiotherapy, chemotherapy) <input type="checkbox"/>	Have a chronic illness <input type="checkbox"/>
	Have ever fainted after having an injection <input type="checkbox"/>
Have a bleeding disorder or take any medications which may increase the risk of bleeding (eg warfarin or anticoagulants) <input type="checkbox"/>	Have any sever allergies to anything (eg egg allergy) <input type="checkbox"/>
	Have a severe reaction following any vaccine <input type="checkbox"/>

### 4. Consent to Receive

### Immunisation

I have been given, and understand the information provided to me regarding the \_\_\_\_\_ vaccine and possible side effects. If I have further questions, I will ask the immuniser before I am immunised. I consent to receiving the \_\_\_\_\_ vaccine. I understand I must remain within the pharmacy premises for a period of 15 minutes post vaccination for observation and so that I may receive additional medical attention including emergency care, if needed. I have been advised of and agree to the charges associated with this service.

Signature	Name	Date
<i>Immuniser use only</i>		
Record of Vaccine Brand	Injection Site	LD RD Batch/Exp
Adverse event if any	Public Health Unit Advised	1300 066 055 Yes/No
Pre Post Counselling given <input type="checkbox"/>	Signature	
Statement of Immunisation given <input type="checkbox"/>		
Notes	Stephen Speirs	Accreditation PHA0000961001