

Residential Aged Care Home Immunisation Consent Form

This form is only for residents' immunisations and should be completed by the resident, clinical staff or next of kin.

| Resident's information | | | |
|--|--|--|--|
| Name: | | | |
| Medicare number: | | Ref: | Expiry month and year: |
| Date of birth: | | Aboriginal and/or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Next of kin/emergency contact | | | |
| Name: | | | |
| Phone number: | | Relationship to resident: | |
| Consent checklist | | | |
| Has the resident had an allergic reaction or anaphylaxis to any vaccine or medication? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the resident had a serious adverse event, which following expert review by an experienced immunisation provider or medical specialist was attributed to a previous dose of COVID-19 vaccine (and did not have another cause identified)? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the resident ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the resident have a bleeding disorder? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the resident take medication to thin their blood? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the resident have a weakened immune system? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the resident had myocarditis or pericarditis in the past 3 months? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the resident currently have acute rheumatic fever or acute rheumatic heart disease? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the resident have severe heart failure? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the resident ever been diagnosed with capillary leak syndrome? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the resident been sick with a cough, sore throat or fever? Or is the resident feeling sick in another way? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the resident received any other vaccination in the last 7 days? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Disease | Effects of disease | Side effects of vaccination |
|---|---|--|
| Influenza – contagious virus spread by respiratory droplets. Causes fever, muscle and joint pains, and pneumonia. | Causes increased hospitalisation in the elderly. High risk groups include elderly, diabetics, alcoholics, etc. Find out more about influenza | Local reactions include soreness, redness and lump at injection site. Guillain-Barre syndrome occurs in about 1 in 1 million patients. |
| Diphtheria – contagious bacteria spread by droplets. Causes severe inflammation of nose, throat and windpipe. | About 1 in 15 patients die. The bacteria release a toxin, which can produce nerve paralysis and heart failure. Find out more about diphtheria | DTPa/dTpa vaccine – about 1 in 10 patients have local inflammation or fever. Booster dose of DTPa may occasionally be associated with extensive circumferential swelling of the limb, but resolves completely within a few days. Serious adverse events are very rare. |
| Tetanus – caused by toxin of bacteria in soil. Causes painful muscle spasms, convulsions and lockjaw. | About 1 in 100 patients die. The risk is greatest for the very young and elderly. Find out more about tetanus | As per diphtheria. |
| Pertussis – contagious bacteria spread by respiratory droplets. Causes whooping cough and vomiting, lasting up to 3 months. | About 1 in 200 whooping cough patients under the age of 6 months die from pneumonia or brain damage. Find out more about pertussis | As per diphtheria. |
| Pneumococcal infections – bacteria spread by respiratory droplets. Causes septicaemia, meningitis and occasionally other infections. | About 1 in 10 meningitis patients die. Find out more about pneumococcal | 23VPPV – about 1 in 2 patients have a local reaction. |
| Shingles – painful rash caused by the reactivation of the varicella-zoster virus, the same virus that causes chickenpox. It typically appears as a band of blisters on one side of the body. | Shingles can cause postherpetic neuralgia, leading to persistent pain after the rash heals. It may also result in skin infections, vision issues and neurological problems. Mostly affects older adults and those with a weakened immune system. Find out more about shingles | Pain, redness and swelling at the injection site; muscle pain, fatigue, headache, fever, chills, stomach pain and nausea. About 1 in 6 patients experience side effects that prevent them from doing regular activities. Symptoms usually resolve within 2 to 3 days. Serious side effects are rare but can include severe allergic reactions. |
| COVID-19 – contagious virus spread by respiratory droplets. Causes fever, cough, shortness of breath, sore throat, runny nose, loss of smell and taste. | Can cause pneumonia and death. Extreme fatigue, heart palpitations increased confusion, joint and muscle pain. Find out more about COVID-19 | Headache, muscle pain, fatigue, fever and chills. These side effects can last up to 2 days. Severe reactions are very rare. |
| Respiratory syncytial virus (RSV) – highly contagious. Spreads between people if an infected person produces small water droplets while talking, coughing or sneezing. | Most cases are relatively mild – a runny nose, cough, wheeze, difficulty breathing and fever. However, a weakened immune systems can lead to longer term respiratory issues and hospitalisation. Find out more about respiratory syncytial virus (RSV) | Pain and redness at the injection site; fatigue, headache and muscle pains. |

The resident consents to the following immunisation vaccinations

| | | |
|--|---|--|
| Pneumococcal: Yes <input type="checkbox"/> No <input type="checkbox"/> | Influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> | Shingles: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| COVID-19: Yes <input type="checkbox"/> No <input type="checkbox"/> | Pertussis: Yes <input type="checkbox"/> No <input type="checkbox"/> | RSV: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Self-consent to receive vaccinations

I confirm I have received and understood information provided to me regarding vaccination.

I confirm that none of the above conditions apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider.

I agree to receive the listed vaccines.

| | |
|-----------------------|-------|
| Resident's name: | |
| Resident's signature: | Date: |

Next of kin / Guardian consent

I am the resident's parent, guardian or substitute decision-maker, and I agree to vaccination of the resident named above.

| | |
|-----------------------|-------|
| Guardian's name: | |
| Guardian's signature: | Date: |
| Phone number: | |

Provider details

| | |
|----------------------------|--|
| Date vaccine administered: | |
| Vaccine: | |
| Batch number: | |

Reminder to vaccinator: all vaccines must be uploaded to AIR within 10 working days.