



# Antenatal vaccination consent form

This consent form is designed for use with pregnant women receiving vaccination at antenatal clinics and community/public health immunisation clinics.

First name	Last name
Date of birth	Telephone number (mobile preferred)
Address	
Do you identify as Aboriginal and/or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/> Both <input type="checkbox"/>	

## Consent for influenza and/or pertussis vaccine during pregnancy

By circling the appropriate response and signing below:

- I confirm I have read and understand the Pertussis and/or Influenza ViP fact sheets or equivalent information given to me about influenza and/or pertussis vaccination in pregnancy regarding the anticipated benefits and possible side effects of vaccination. Yes  No
- I have had an opportunity to have my questions answered. Yes  No
- I acknowledge that, as a precaution, after the vaccination I will be asked to wait 15 minutes before leaving the clinic area. Yes  No

Signature of person receiving vaccine \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## To be completed by the person administering vaccine

### Pre-vaccination checklist

Has the person being vaccinated ever had anaphylaxis following previous doses of either of these vaccines? Yes  No

Has the person being vaccinated ever had anaphylaxis following any component of either of these vaccines? Yes  No

A "yes" warrants further discussion and consideration prior to vaccine administration. If you have questions, please consult the patients' primary care physician/specialist. Note that most egg allergic patients can safely receive the influenza vaccines, but individuals with a history of anaphylaxis to eating eggs should consult with an allergy specialist before being vaccinated.

Week of pregnancy when vaccinated \_\_\_\_\_ or estimated date of delivery \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Vaccines administered today

Influenza vaccine (recommended for women in all trimesters who are pregnant during influenza season)

**Brand** Fluarix Tetra  FluQuadri  Afluria Quad  Other  Batch number \_\_\_\_\_ Place batch sticker here

Site of vaccine administration Left arm  Right arm

Pertussis vaccine (recommended for women in 3rd trimester of each pregnancy)

**Brand** Adacel  Boostrix  Other  Batch number \_\_\_\_\_ Place batch sticker here

Site of vaccine administration Left arm  Right arm

Name of person administering vaccine(s) **please print** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Note to provider: Immunisation recording requirements:

- Maternity hospitals** Please enter in Stork or private hospital maternity database
- Providers outside hospitals** Document in the Australian Immunisation Register <https://www.humanservices.gov.au/health-professionals/services/medicare/australian-immunisation-register-health-professionals>