

Health & Immunisation Management Services



Experienced, cost effective vaccination and health services

Consent for Adult/Adolescent Immunisation

Please read immunisation information before completing consent, any queries regarding vaccination can be discussed with the Registered Nurse, prior to immunisation.

Person to be vaccinated Family Name: _____ Given Name _____

For secondary students only: School Site: _____ Year Level _____

For secondary students only: (10 digit) Medicare Number: _____ - Ref No. _____ * number next to name

Address: _____

Suburb: _____ Postcode: _____

Phone Number: _____ Date of Birth ____/____/____ Male Female

Do you identify as Indigenous or Torres Strait Islander? Yes / No (please circle)

Yes I have read and understood the information given to me about immunisation including the risks of the vaccination and the risks of not being vaccinated. I have been given the opportunity to discuss the risks and benefits with my nurse. I request to be immunised with the vaccines as indicated below. I understand that consent can be withdrawn at any time. It is advisable to wait 15 minutes after vaccination.

Vaccine	Batch	Dose (please circle)		Comment	Nurse Signature
Hepatitis A		1 2			
Hepatitis A&B		1 2 3			
Hepatitis B		1 2 3			
Influenza		1			
DTPa		1			
IPV		1 2 3			
MMR		1 2			
HPV		1 2 3			
Varicella		1 2		Chicken Pox	
Other					

For clients under 16 years of age: Are you the Parent of legal guardian? YES NO

Parent or legal guardian must complete consent form. If not, consent MUST be obtained verbally (by phone)

Signature: _____ Print Name: _____ DATE ____/____/____

Name of RN taking Verbal Consent:
