



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:	
Address cont'd	
Do you identify yourself 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 requested to wait for 15 minutes before leaving the clinic area. Yes/No

Pre-vaccination checklist- To be completed by person administering vaccine

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 administration of vaccine. 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: / /

Signature of person administering vaccine(s)

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>