



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		Medicare number
Are you a person of Aboriginal or Torres Strait Islander origin? No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>		

Consent for influenza, whooping cough, and/or respiratory syncytial virus (RSV) vaccine during pregnancy. (By ticking the relevant box and signing below)

I confirm I have read and understand the fact sheets or equivalent information given to me about the relevant vaccination(s) in pregnancy including the anticipated benefits and possible side effects and risks associated with the following vaccinations:

▪ influenza	Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ whooping cough	Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ RSV	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have been given the opportunity to have my questions answered and to discuss the benefits and risks.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I acknowledge that, as a precaution, after the vaccination(s) I will be asked to wait 15 minutes before leaving the clinic area.	Yes <input type="checkbox"/> No <input type="checkbox"/>
My estimated date of delivery is: Date ____ / ____ / ____	
Name _____ Signature _____ Date ____ / ____ / ____	

To be completed by the person administering vaccine

Pre-vaccination checklist

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

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

If "yes", vaccine(s): _____ require 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.

Vaccines administered

Influenza vaccine (each pregnancy, any trimester) Brand: Vaxigrip®Tetra <input type="checkbox"/> Fluarix®Tetra <input type="checkbox"/> Flucelvax®Quad <input type="checkbox"/> Other <input type="checkbox"/> Site of vaccine administration: Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Batch number _____ Name of person administering vaccine please print _____ Date ____ / ____ / ____	Place batch sticker here
Whooping cough (pertussis) vaccine (recommended between 20–32 weeks of each pregnancy) Brand: Adacel® <input type="checkbox"/> Boostrix® <input type="checkbox"/> Other <input type="checkbox"/> Site of vaccine administration: Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Batch number _____ Name of person administering vaccine please print _____ Date ____ / ____ / ____	Place batch sticker here
RSV vaccine (recommended between 28–36 weeks) Brand: Abrysvo® <input type="checkbox"/> Other <input type="checkbox"/> Site of vaccine administration: Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Batch number _____ Name of person administering vaccine please print _____ Date ____ / ____ / ____	Place batch sticker here

Note to provider: Immunisation recording requirements:

This information will be recorded in the Australian Immunisation Register (AIR), STORK (where relevant), AND the relevant maternity database. https://www.health.wa.gov.au/en/Articles/F_I/Immunisation-provider-information-and-resources