pharmadoctor

Meningococcal ACW$_{135}$Y vaccine Risk Assessment Form

Title: Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other ☐	**D.o.B.:** _ _ / _ _ / _ _	**Age:** _____ (if under 18 years old)
Name:	**Home Address:**	
Surname:		
Email:	**Name & Address of GP** (optional)	
Telephone:	Would you like your GP to be informed of this consultation? Yes ☐ No ☐	

Please answer the following questions (must be completed by parent or guardian if under 16 years old)

Do you feel unwell, have a temperature or an infection today?	Yes ☐ No ☐	Are you pregnant or is there any possibility you might be pregnant?	Yes ☐ No ☐
Do you have a bleeding disorder, including taking any medication that thins your blood (anticoagulants)?	Yes ☐ No ☐	Are you currently breast-feeding?	Yes ☐ No ☐
Have you ever had a Meningitis ACW$_{135}$Y vaccine before? *If yes, please provide the date*	Yes ☐ No ☐	Are you immunosuppressed due to disease or treatment (e.g., HIV)? *If yes, please provide details*	Yes ☐ No ☐
Do you have any allergies? Or had an anaphylactic reaction **latex**? *If yes, please describe the allergy/reaction*	Yes ☐ No ☐	**Please list all your current prescription medication including any medication you buy over the counter.**	
Have you ever had an allergic or anaphylactic reaction to the Meningococcal ACW$_{135}$Y or any other vaccine before? *If yes, please describe the product/reaction*	Yes ☐ No ☐		
Do you feel any stress related reactions (e.g. feeling faint) when receiving a vaccine?	Yes ☐ No ☐		

NOTES:

- Meningococcal group A, C, W-135 and Y conjugate vaccines are currently offered to all 14 to 18 year olds as part of their routine vaccination programme. Older students, aged 19 to 25, who have not previously received the vaccine before starting university are also included. If you are in this age group we recommend you check with your NHS provider before paying privately for this vaccine.
- If you have any conditions that put you at increased risk of meningococcal disease, you may also be able to receive the vaccine from your NHS provider, in addition to other vaccines. To find out your eligibility, check with your healthcare professional or NHS provider.
- All pilgrims who intend to undertake Hajj or Umrah and seasonal work in Saudi Arabia, are required to provide proof that vaccination against meningococcal meningitis ACW$_{135}$Y has been administered between five years (three years for patients who have received a polysaccharide vaccine) and ten days before arrival into the Kingdom of Saudi Arabia (KSA).

PATIENT CONSENT

I have received information on the risks and benefits of the Meningitis ACW$_{135}$Y vaccine and I have had the opportunity to ask questions. I understand that if I am travelling abroad it is advised that I may need to seek further travel health advice on other recommended vaccines or malaria risks for my trip. The medical information I have provided is true and accurate to the best of my knowledge and I consent to the vaccine being given.

Signature of patient, parent or guardian _____ **Date** _____

HEALTHCARE PROFESSIONAL USE ONLY

Vaccine brand, batch number and expiry date	*Affix vaccine label here or write details*	L deltoid ☐ R deltoid ☐	Intramuscular ☐ Deep SC ☐ *(Only for those with a bleeding disorder if the professional is competent with the technique)*	Date	Cost

I confirm that the patient is not contraindicated based on the information provided by the PGD	☐
I have explained the potential warnings and side effects of the treatment to the patient, and requested they report them if they occur	☐
I have provided the patient with an information leaflet (PIL) for the treatment I am administering, and advised them to read it	☐

Healthcare Professional Name	**Signature**