The Cedar Clinic

Mountmellick Road

Portlaoise

Seasonal Influenza vaccination consent form.

Privacy Statement. The Cedar Clinic staff are aware of their obligation under Data protection laws. The information provided will be included in an immunisation database. This information will be used to validate your entitlement to a free vaccine where applicable.

Please note;

- Please go to **HSE.ie/flu** and read the information contained regarding the influenza vaccine.
- The following form **must be completed prior to attending the surgery** to avoid delays and congestion of the surgery.
- If you have a valid Medical card or Doctor Visit card, you must complete all the following fields <u>including your PPS number</u> to entitle you to the vaccine for free. <u>We regret that we cannot</u> <u>administer the vaccine for free without this information and a fee will apply.</u>
- If you do not have a valid medical card or Doctor Visit card, you do not need to include your PPS number as regrettably you are not entitled to the vaccine for free. An administration fee of 20 euro applies.
- <u>One form</u> must be completed for each household member.
- Please complete the following before signing the consent form; (Please circle)

Are you suffering from an acute illness?	Yes	No
If yes, please specify		
Have you ever had a reaction to a vaccination or medication?	Yes	No
If yes please specify		
Do you have any illness that increases your risk of bleeding?	Yes	No
If yes please specify		

Name of patient	Address	Date of Birth	PPS Number	Medical Card/Doctor
to get vaccine				visit card number

I confirm that I have read the HSE guidance on Influenza vaccine and understand any potential risks and side effects. I consent to the influenza vaccine for myself/my dependant. Adults to consent for adolescents and children under 18 years of age.