

Consent form

Everyone arriving to claim asylum in the UK is currently being offered a dose of a diphtheria containing vaccine and a course of antibiotics (called azithromycin), to reduce the risk of diphtheria and some other infections. This is after a number of cases have been detected in centres for asylum seekers in both Kent and in other parts of the UK.

The antibiotic will treat any current infection you have, but the vaccine is important to stop you getting diphtheria, tetanus or polio and give you the best protection.

Diphtheria vaccination is being offered to you or your child. You can read the leaflet here:

www.gov.uk/government/publications/diphtheria-vaccination-resources

Adult or child's name (first name and surname):	Date of birth:
Current address:	GP name and address (if known):
Postcode:	
Daytime contact telephone number: or telephone number for parent/carer:	NHS number (if known):

Medical information

Have you or your child ever had an allergic reaction to a vaccine or antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above, please give details:	

Consent for diphtheria vaccination by injection and treatment (azithromycin) antibiotics

<input type="checkbox"/> Yes , I want to receive the diphtheria vaccine by injection	
<input type="checkbox"/> Yes , I want to receive the full course of the azithromycin antibiotics	
Name:	
Signature:	Signature for parent/guardian:

In the UK the NHS offer many free vaccinations to give you the best protection against infectious disease. You need to register with a GP and make sure you have your vaccines.

www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

OFFICE USE ONLY

Dose of azithromycin supplied		<input type="checkbox"/> 500mg tablets <input type="checkbox"/> 250mg tablets <input type="checkbox"/> 200mg/5ml suspension				
Name of vaccine		<input type="checkbox"/> Revaxis <input type="checkbox"/> Repevax <input type="checkbox"/> Infanrix Hexa <input type="checkbox"/> Vaxelis				
Site of injection (please circle)		Batch number	Expiry date	Administered by (please print)	Administered by (signature)	Site/ Clinic
L arm	R arm					
Reason diphtheria vaccine not suitable						