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| Name | Click or tap here to enter text. | Date | Click or tap here to enter text. |

**Consent form for Shingles Vaccine**

[adapted from the National Immunization handbook](https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/zoster-herpes-zoster)

Shingles vaccine (zoster vaccine) is a live attenuated vaccine. Shingles is localized reactivation of chicken pox which can occur in anyone who has had chicken pox in the past. The vaccine is free for people aged between 70-79 years of age. It has the effect of reducing the chance of having severe and painful shingles.

A few important points to note:

* Adults aged 60 and over are recommended to have the shingles vaccine- it is free between the ages of 70-79.
* Adults 50-59 are not routinely recommended to receive zoster vaccine but they can receive it if they want to
* People aged over 50 who are household contacts of a person who is immunocompromised are recommended to receive zoster vaccine
* People who have had a previous episode of shingles can receive the vaccine
* People who have chicken pox vaccine are not recommended to have zoster vaccine
* People who are immunocompromised and who have never had chicken pox in the past (proven by negative blood tests) should not have zoster vaccine
* If you are not immunocompromised and have never had chicken pox you can have either the chicken pox vaccine (preferable- 2 doses) or zoster vaccine (one dose)
* **Zoster vaccine can be dangerous in people with impaired immune systems or in people taking medications which impair the immune system. Please check with your GP or nurse.**

[If you are on medications that impair your immune system,](https://immunisationhandbook.health.gov.au/resources/handbook-tables/table-recommendations-for-use-of-zoster-vaccine-in-people-on) your immunisation provider will check guidelines. We may not proceed to vaccinate you if there is any uncertainty.

**Please complete the following questionnaire before you are vaccinated. If you are unsure of any responses, please discuss with your doctor.**

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| **Yes** | **No** |  |
|  |  | Have you ever had shingles vaccine before? |
|  |  | Have you had an allergic reaction after being vaccinated before? |
|  |  | Do you feel unwell today (the day of your vaccination)? |
|  |  | Have you had shingles or post herpetic neuralgia (nerve pain following shingles) in the  past year? |
|  |  | Do you take any medicine to thin your blood (an anticoagulant therapy)? |
|  |  | Do you have a weakened immune system (immunocompromised)? |
|  |  | Have you had a serious allergic reaction (anaphylaxis) to a previous dose of shingles  or varicella (chickenpox) vaccine or any vaccine components including neomycin or gelatine? |
|  |  | Have you ever had cancer, leukaemia, lymphoma, an organ, bone marrow transplant,  stem cell therapy, or another health condition that weakens your immune system,  including blood disorders, graft versus host disease or HIV/AIDS? |
|  |  | In the past 12 months, have you been on any treatment for rheumatoid arthritis,  multiple sclerosis, psoriasis, polymyositis, sarcoidosis, inflammatory bowel disease  or other inflammatory conditions? |
|  |  | In the last 12 months have you taken medicine that weakens your immune system such  as oral prednisolone, or other steroids, anti-cancer drugs, biological therapy,  radiotherapy or chemotherapy? |
|  |  | Have you been treated recently with oral antiviral medication such as acyclovir  for conditions such as herpes? |
|  |  | Have you been sick with a cough, sore throat, fever or are feeling sick in another way? |
|  |  | Have you had ever had chicken pox vaccine or chicken pox itself in the past? |

**Consent to receive zoster vaccine**

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|  | I confirm I have received and understood information provided to me on Zoster vaccine |
|  | I confirm that none of the conditions above apply, or I have discussed these and/or  any other special circumstances with my regular health care provider and/or  vaccination service provider |

**Please sign below**