

Meddygfa Beech House 69 Stryd Y Foel, Dinbych, Sir Ddinbych, LL163AY

Beech House Surgery 69 Vale Street, Denbigh, Denbighshire, LL16 3AY

Tel/Rhif Ffon: 01745 812863 Fax/Ffacs 01745 816574

E-mail/E-bost: [enquiries.w91033@wales.nhs.uk](mailto:enquiries.w91033@wales.nhs.uk)

## Immunisation consent form

**This form is to give permission to be vaccinated.**

Name:

Address:

Postcode:

Phone number:

Date of Birth:

Date of vaccination:

Please inform the person giving the vaccination, if you:

- Have had a severe reaction to any medicines, including vaccines,
- are allergic to anything,
- Have a condition for which you are, or is, receiving medical treatment.

Vaccines may contain minute traces of animal products and other components. If you have concerns about any of the contents in the vaccine you can check at: Fit for Travel at:

<http://www.fitfortravel.nhs.uk/home.aspx>

(Doctor/nurse to insert link to the appropriate vaccine at: <http://www.medicines.org.uk/emc/>)

By signing this form you will be giving consent for the vaccination described.

Having read the above information and/or listened to the doctor/nurse, I agree to being vaccinated with:

(Doctor/nurse to enter brand name of vaccine)

Signed:

Name:

Date:

Office use only

Please attach consent to PSD