



Administration (or supply) of Pneumococcal Conjugated Vaccine under Patient Group Direction

Pharmacy Name : Pyramid Pharmacy

Address : 413 Hoe Street, E17 9AP

Patient details

First Name : Surname :

Address :(no regular address [])

Post code :

DOB : Gender : NHS No :

Ethnicity (print separately):

Tel : Mobile : Email :

GP :

Patient Consent : I have had a consultation with the pharmacist and consent to receive the Pneumococcal Conjugated Vaccine.I also have had and opportunity to ask any questions regarding the consultation.

Signed:.....

Date :.....

Reason for inclusion

Any patient over 6 weeks of age and under 18 years of age requiring immunisation against invasive disease, pneumonia and acute otitis media caused by Streptococcus pneumonia

Any patient over 18 years of age requiring immunisation against invasive disease caused by Streptococcus pneumonia

Children under 5 years of age who have previously had invasive pneumococcal disease (IPD)

Severely immunocompromised children aged at least 5 years, and adults, irrespective of their routine childhood vaccinations

Patient medication and comments

Reasons for exclusions

Patient who has had a confirmed anaphylactic reaction to a previous dose of a vaccine containing the same antigens Yes No

Patient who has had a confirmed anaphylactic reaction to another component contained in the vaccine, including diphtheria toxoid: check the SmPC to confirm excipients Yes No

Has had a previous dose of a Pneumococcal Conjugate Vaccine (PCV) within the last 2 months Yes No

No valid consent Yes No

Pregnancy Yes No

Breastfeeding Yes No

Patient under 6 weeks of age; Yes No

Administration Details

Product Name	Batch No	Expiry date (MM/YYYY)	Route of administration (Oral,Left arm, Right arm, etc)	Date & Time

Premise: Pharmacy other via sonar authorisation



Name of Pharmacist : Signature :