

**Administration (or supply) of HepatitisA (inactive) HepatitisB (rDNA) (HAB) 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 HepatitisA (inactive) HepatitisB (rDNA) (HAB).I also have had and opportunity to ask any questions regarding the consultation.**

**Signed:**..... **Date :**.....

**Reason for inclusion**

[ ]  
 Combined hepatitis A and hepatitis B vaccine is recommended for travellers over 1 year of age, visiting areas of hepatitis A and hepatitis B risk, who put themselves at risk of infection, particularly:

- Those who plan to remain in areas of high or intermediate prevalence for lengthy periods;
- Children and others who may require medical care while travelling to visit families or relatives in high or moderate-endemicity countries;
- People with chronic medical conditions who may require hospitalisation while overseas;
- Those travelling for medical care.

**Patient medication and comments**

**Reasons for exclusions**

Previous hypersensitivity reaction to any constituent of the vaccine, in particular: neomycin;	[ ]Yes	[ ]No
Confirmed history of Hepatitis A infection ;	[ ]Yes	[ ]No
Those patients known to be Hepatitis B surface antigen positive;	[ ]Yes	[ ]No
Those patients with acute hepatitis;	[ ]Yes	[ ]No
Patients presenting for post-exposure prophylaxis;	[ ]Yes	[ ]No
Patients with chronic renal failure, and/or requiring dialysis – refer to GP or Specialist for appropriate vaccine.	[ ]Yes	[ ]No
Hypersensitivity after previous administration of hepatitis A and/or hepatitis B vaccines	[ ]Yes	[ ]No

All vaccines are contraindicated in those who have had: - A confirmed anaphylactic reaction to a previous dose of a vaccine containing the same antigens, or  - A confirmed anaphylactic reaction to another component contained in the relevant vaccine, e.g. neomycin, streptomycin or polymyxin B (which may be present in trace amounts in some vaccines): check the SmPC for the individual vaccine to confirm excipients.	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]No
Pregnant women should be referred to their GP for advice;&nbsp;	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]No
Breastfeeding women should be referred to their GP for advice;&nbsp;	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]No
In individuals with an evolving neurological condition, immunisation should be deferred until the neurological condition has resolved or stabilised;	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]No
Patients with impaired immunity: the immune response could be impaired by immunosuppressive treatment or in immunodeficiency states: patients should be referred to their GP for advice;	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]No
Post-exposure prophylaxis;&nbsp;	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]No
No valid consent	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]No
Infants under 1 year of age;	<input type="checkbox"/> ]Yes	<input type="checkbox"/> ]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 : .....