Sonar Health

Administration (or supply) of Shingles 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 Shingles.I also have had and opportunity to ask any questions regarding the consultation.

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

Reason for incluion

[ ] Active immunisation against herpes zoster (“zoster” or shingles) and herpes zoster-related post-herpetic neuralgia (PHN) And Over 50

Patient medication and comments

Reasons for exclusions

As per general Exclusion criteria stated in the core PGD.	[ ]Yes	[ ]No
had a confirmed anaphylactic reaction to any component of the vaccine, including neomycin or gelatine.	[ ]Yes	[ ]No
have primary, or acquired immunodeficiency due to conditions such as: acute and chronic leukaemias; lymphoma; other conditions affecting the bone marrow or lymphatic system; immunosuppression due to HIV/AIDS cellular immune deficiencies.	[ ]Yes	[ ]No
Who are receiving immunosuppressive therapy including high-dose corticosteroids (see PGD for note on low-dose immunosuppressive therapies)	[ ]Yes	[ ]No
Have an active untreated TB infection	[ ]Yes	[ ]No
Pregnant	[ ]Yes	[ ]No
Taking systemic therapy with anti-viral medicines, such as aciclovir. This is a temporary exclusion, since these medicines may reduce the response to the vaccine. Topical treatment with aciclovir, or other antiviral agent, is not a contra-indication	[ ]Yes	[ ]No

Administration Details

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

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Premise: [ ]Pharmacy other via sonar authorisation ....

Name of Pharmacist :... Signature : ....

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