Sonar Health

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

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

Reason for incluion

[ ]
Patients presenting for

- Pre-exposure vaccination, or
- Post-exposure vaccination within 3 days of exposure to varicella. (Varivax® only)

Patient medication and comments

Reasons for exclusions

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.	[ ]Yes	[ ]No
Pregnant women should be referred to their GP for advice;	[ ]Yes	[ ]No
Breastfeeding women should be referred to their GP for advice;	[ ]Yes	[ ]No
In individuals with an evolving neurological condition, immunisation should be deferred until the neurological condition has resolved or stabilised;	[ ]Yes	[ ]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;	[ ]Yes	[ ]No
Post-exposure prophylaxis;	[ ]Yes	[ ]No
Who have had a confirmed anaphylactic reaction to any varicella vaccine, or to any component of the vaccine, including gelatin, or neomycin;	[ ]Yes	[ ]No

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With any blood dyscrasias, leukaemia, lymphomas of any type, or other malignant neoplasms affecting the haemic and lymphatic systems;	[ ]Yes	[ ]No
Receiving immunosuppressive therapy, including high doses of corticosteroids (see below for note on low-dose immunosuppressive therapies);	[ ]Yes	[ ]No
Severe humoral or cellular (primary or acquired) immunodeficiency, e.g. severe combined immunodeficiency, agammaglobulinaemia, and AIDS, or symptomatic HIV infection, or an age-specific CD4+ T-lymphocyte percentage in children between 12-35 months: CD4+ < 20%; children between 36-59 months: CD4+ < 15%;	[ ]Yes	[ ]No
Individuals with a family history of congenital, or hereditary immunodeficiency, unless the immune competence of the potential vaccine recipient is demonstrated;	[ ]Yes	[ ]No
With active untreated tuberculosis;	[ ]Yes	[ ]No
With a current illness with fever >38.5°C; however, low-grade fever itself is not a contraindication to vaccination;	[ ]Yes	[ ]No
With a current illness with fever >38.5°C; however, low-grade fever itself is not a contraindication to vaccination;	[ ]Yes	[ ]No
Patients taking salicylates	[ ]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 : .....