



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

Signed:.....

Date :.....

Reason for inclusion

[] Patients over 6 years of age, who require a booster dose of a tetanus-, diphtheria- or poliomyelitis-containing vaccine, particularly for those travelling to areas where medical attention may not be accessible.
 Individuals born before 1962 may not have been immunised or may have received a low-potency polio vaccine; no opportunity should be missed to immunise them. Td/IPV is the appropriate vaccine for such use.

Patient medication and comments

Reasons for exclusions

Any individual who has had a confirmed anaphylactic reaction to a previous dose of diphtheria, tetanus, or polio containing vaccine. This includes any conjugate vaccines where diphtheria or tetanus toxoid is used in the conjugate	[]Yes	[]No
Previous hypersensitivity reaction to neomycin, streptomycin or polymyxin B	[]Yes	[]No
Individuals who have experienced encephalopathy or encephalitis occurring within 7 days following previous vaccination with diphtheria, tetanus or poliomyelitis	[]Yes	[]No
Individuals who have experienced neurological complications following an earlier immunisation against diphtheria and/or tetanus	[]Yes	[]No
Individuals who completed a primary vaccination course, or received a booster of a vaccine containing diphtheria, or tetanus toxoids within the previous five years	[]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.	[]Yes	[]No
Pregnancy	[]Yes	[]No

Breastfeeding	<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; 	<input type="checkbox"/>]Yes	<input type="checkbox"/>]No
No valid consent	<input type="checkbox"/>]Yes	<input type="checkbox"/>]No
Children up to 6 years 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 :