



You can read the MenB vaccine leaflet at <https://qrco.de/MenBex> or by scanning the QR code.



# Meningitis B vaccination consent form

Surname:	Forename:	Date of Birth:
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Address & Postcode:	Mobile Phone number:	
	Email:	
GP Surgery:	NHS Number:	

## Important medical information

Have you received Meningitis B vaccine/s previously? Dates:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you had a <b>severe anaphylactic</b> reaction to vaccines?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Do you take any prescribed medications?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Do you have any long-standing medical conditions?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\* If you answered yes to any of the above, please give details:

## Consent

**Yes**, I consent to receive the meningitis B vaccination course:

Signature (patient, parent or guardian):	Date:
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### OFFICE USE ONLY

Date:	Time:	Site of IM injection (please circle)		Batch number & Expiry date:	Immuniser:	Location:
1 <sup>st</sup> Meningitis B vaccine as per PGD		L	R			
L R						
2 <sup>nd</sup> Meningitis B vaccine as per PGD		L	R			

Nurses' Comments: