



## Consent for Pneumococcal Polysaccharide Immunization

Use this form **ONLY** when a Parent, Guardian, or Agent (the decision-maker) is not able to be with their child/dependent, in person, at an immunization clinic. The decision-maker should **complete this form and send it with the child/dependent** and their escort (if applicable) to the immunization clinic.

Child/Dependent Personal Information		
Last Name	First Name	Date of Birth (yyyy-Mon-dd)
Personal Health Number (PHN)		Gender
Answer the following questions. If you require more space, use the reverse side.		
Does the child/dependent have any known allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, describe
Does the child/dependent have any chronic illnesses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, describe
Is the child/dependent on any medicine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, describe
Has the child/dependent had a reaction to pneumococcal immunization in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, describe
Declaration of Consent		
<p>I confirm that I have read the pneumococcal polysaccharide vaccine information about the risks, benefits and possible side effects of the pneumococcal polysaccharide vaccine. I know that I must contact Health Link if I have any questions or concerns about the child/dependent getting the pneumococcal polysaccharide vaccine. I have had my questions answered by calling the local public health office or Health Link. I am satisfied with and understand the information I have been given, and I consent to the child/dependent getting the pneumococcal polysaccharide immunization.</p> <p>I understand that I may, at any time, withdraw this consent by calling the local public health office or healthcare provider giving the vaccine.</p> <p>I confirm that I have the legal authority to consent to this immunization.</p>		
Printed Name of Person(s) Giving Consent	Relationship to Child/Dependent <input type="checkbox"/> Parent(with the authority to consent) <input type="checkbox"/> Guardian <input type="checkbox"/> Agent <input type="checkbox"/> Other _____	
Daytime Phone Number	Other Phone Number	
Signature of Person(s) Giving Consent	Date (yyyy-Mon-dd)	

*Health information is collected in accordance with Section 20 of the Health Information Act (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please ask the health care provider offering the immunization or contact your local public health office.*

**For Office Use Only**

Child/Dependent Name <i>(last name, first name)</i>	Child/Dependent PHN
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**Telephone/Fax Consent**

Mode by which consent was received	<input type="checkbox"/> Fax/Scan	<input type="checkbox"/> Telephone	
Printed Name of Person Obtaining the Consent	Date <i>(yyyy-Mon-dd)</i>	Time	
Signature of Person Obtaining the Consent			

**Consent Using an Interpreter *(for non-English speaking parent/client)***

Interpreter's Name or ID #	Telephone	Date <i>(yyyy-Mon-dd)</i>	Time
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**Administration Record Details**

Date <i>(yyyy-Mon-dd)</i>	Lot Number	Dose	Site	Signature/Designation

**Notes (For Office Use Only)**

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# Pneumococcal Polysaccharide Vaccine (PNEUMO-P)

**Immunization protects you from disease. Get protected, get immunized.**

- **Vaccines make your immune system stronger by building antibodies, which help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

## **Who should have PNEUMO-P vaccine?**

This vaccine is given to adults 65 years and older.

Anyone 2 to 64 years of age at high risk of severe pneumococcal disease due to health problems (e.g., heart, lung, kidney, liver problems; diabetes; weak immune system), should have this vaccine.

People who are homeless should also have this vaccine.

## **How many doses of this vaccine are needed?**

Healthy people get this vaccine when they turn 65 years old. They need only one dose.

Some people with certain health conditions need this vaccine earlier and may need a second dose. Check with your healthcare provider to find out if and when you need a second dose. When you turn 65, you should have another dose.

## **Are there other vaccines that protect against pneumococcal disease?**

Another pneumococcal vaccine called pneumococcal conjugate vaccine (PNEU-C13) is given to children 4 years of age and younger and to people with certain health problems (e.g., removed spleen, weak immune system).

If you need both PNEUMO-P and PNEU-C13 vaccines, it is best to get PNEU-C13 vaccine first. The 2 vaccines must be carefully spaced.

## **How well does the vaccine work?**

Protection against severe infection (e.g., blood infections and meningitis) caused by the 23 strains covered by PNEUMO-P vaccine is 50% to 80% in older adults and high risk groups.

Protection may weaken after 5 to 10 years, but more doses may not boost protection.

## **Where can I get the vaccine?**

PNEUMO-P vaccine is given at a public health office in your area and may also be offered by some family doctors.

## Are there side effects from PNEUMO-P vaccine?

Reactions to the vaccine are usually mild and go away in a few days. They may include:

- redness, swelling, and discomfort where the needle was given
- feeling tired
- headache or body aches
- fever

It is important to stay at the clinic for 15 minutes after immunization because people can have a rare but serious allergic reaction (anaphylaxis). If anaphylaxis happens, you will be given medicine to treat the symptoms.

Unusual reactions can happen after being immunized. Call Health Link at 811 to report any unusual reactions.

## How can I manage side effects?

- To help with discomfort and swelling, put a cool, wet cloth over the area.
- If you need fever or pain medicine, check with your pharmacist or doctor. Do not give aspirin to anyone younger than 19 years old because it can cause serious health problems.

- Some people with health problems (e.g., weak immune system) must call their doctor whenever they get a fever. If you have been told to do this, call your doctor—even if you think the fever was due to immunization.

## Is there anyone who cannot have PNEUMO-P vaccine?

You may not be able to have the vaccine if you:

- have an allergy to parts of the vaccine—always tell your healthcare provider about allergies.
- had a severe or unusual reaction after this vaccine (or a similar one)—always tell your healthcare provider if you have had reactions.

You can be immunized if you have a mild illness (e.g., cold), even if you have a fever.

## For More Information



Call Health Link at **811**



Go to [immunizealberta.ca](http://immunizealberta.ca)



Go to [myhealth.alberta.ca](http://myhealth.alberta.ca)

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# Quick Facts: Pneumococcal Disease

## What it is

- bacteria that can cause respiratory and middle ear infections, pneumonia, meningitis (infection of the covering of the brain and spinal cord), and blood infections
- main cause of bacterial blood infections and meningitis in young children, and pneumonia in adults
- causes 500,000 deaths per year in children under 5 years old, worldwide
- when adults get this disease and have a blood infection, 1 in 20 can die

## Who is most at risk

Most serious infections happen in people who:

- are very young or very old
- have certain chronic health conditions
- smoke or are addicted to alcohol or drugs

## How it spreads

- spread by coughing and sneezing
- can spread from saliva (e.g., kissing, sharing food, sharing toys)
- some people do not have symptoms, but can spread the disease