**In the UK the NHS offer many free vaccinations to give you the best protection against infectious disease. You need to register with a GP and make sure you have your vaccines.**

[**www.gov.uk/government/publications/the-complete-routine-immunisation-schedule**](http://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule)

Have you or your child ever had an allergic reaction to a vaccine or antibiotics

If you answered yes to the above, please give details:

Adult or child’s name (ﬁrst name and surname):

Date of birth:

Current address:

Postcode:

GP name and address (if known):

Daytime contact telephone number: or telephone number for parent/carer:

NHS number (if known):

Many people arriving to claim asylum in the UK are currently being offered a dose of a diphtheria containing vaccine and a course of antibiotics (called azithromycin), to reduce the risk of diphtheria and some other infections. This is after a number of cases have been detected in centres for asylum seekers in both Kent and in other parts of the UK.

The antibiotic will treat any current infection you have, but the vaccine is important to stop you getting diphtheria, tetanus or polio and give you the best protection.

Diphtheria vaccination is being offered to you or your child. You can read the leaflet here:

[**www.gov.uk/government/publications/diphtheria-vaccination-resources**](http://www.gov.uk/government/publications/diphtheria-vaccination-resources)

Diphtheria vaccine and treatment

**Consent form**

**Medical information**

Yes

No

**Consent for diphtheria vaccination by injection and treatment (azithromycin) antibiotics**

**Yes**, I want to receive the diphtheria vaccine by injection

**Yes**, I want to receive the full course of the azithromycin antibiotics

Name:

Signature: Signature for parent/guardian:

**Office use only**

Dose of azithromycin supplied

500mg tablets 250mg tablets 200mg/5ml suspension

Name of vaccine

Revaxis Repevax Infanrix Hexa Vaxelis

Site of injection (please circle)

Batch number

Expiry date

Administered by (please print)

Administered by (signature)

Site/ clinic

L arm

R arm

Reason diphtheria vaccine not suitable

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