



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 ☐ Female ☐ Prefer not to say ☐
Address & Postcode:		Mobile Phone number:
		Email:
GP Surgery:	NHS Number:	

Important medical information

Have you received Meningitis B vaccine/s previously? Dates:	☐ Yes* ☐ No
Have you had a severe anaphylactic reaction to vaccines?	☐ Yes* ☐ No
Do you take any prescribed medications?	☐ Yes* ☐ No
Do you have any long-standing medical conditions?	☐ Yes* ☐ 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:	Date:
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OFFICE USE ONLY

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

Nurses' Comments: