Vaccination Consent Form

**This consent form is designed to support valid consent for vaccination in particular where a person is unable to provide valid consent and the Mental Capacity Act 2005 must be followed. Where it has been established that a person lacks mental capacity to consent to a vaccination through the capacity assessment, then consent to the care plan (vaccination) should be achieved through a best interest’s decision or via a valid and applicable Power of Attorney. The care plan should show how lack of mental capacity was established and how a decision to vaccinate was made.**

If the patient has capacity to make the decision complete Section A, if in doubt continue to Section B

**Section A** Patient Consent

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| **We are approaching the time of year where the ……….. vaccine will be offered to you. In order to administer the vaccine, nursing staff will be liaising with your GP to establish if you would like the vaccine.**  Please indicate below if you would like ……….. vaccine this year |
| **I do / do not wish to have the ………….. vaccine (delete as appropriate)** |
| Signed |
| Print name |
| Date |

**Section B** – where capacity is to be assessed.

Mental Capacity Assessment

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| Question: Can the patient make an informed decision to have the vaccine? |

The patient must meet the criteria for mental capacity assessment.

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| Is there an impairment of or disturbance in the functioning of the person’s mind or brain? Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision? |
| Dementia |
| Learning Disability |
| Brain Injury |
| Neurological condition affecting their mind or brain |
| Other (please state) |

Answer the following questions to aid in determining if the patient has capacity. If the answer NO to any of the four following questions (in relation to vaccination) then they do not have capacity.

|  |
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| Does the patient understand the information about having a vaccine? Yes / No |
| Evidence: |
| Can the patient retain the information long enough to make a decision about having a vaccine? Yes / No |
| Evidence: |
| Can the patient weigh up the information about the vaccine? Yes / No |
| Evidence: |
| Can the patient communicate their decision about the vaccine to you? Yes / No |
| Evidence: |
| Outcome of Capacity assessment, the patient **DOES / DOES NOT** have capacity to make a decision to have a vaccine.  If capacitated return to section A. |

**Section C** LPA/Deputy

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| --- |
| Is there a valid and applicable Lasting Power of Attorney (LPA) or Deputyship for personal welfare[[1]](#footnote-1): **YES/NO** |
| If yes, has the evidence of LPA or Deputyship been provided[[2]](#footnote-2): **YES/NO**  Evidence seen by: |
| If Valid and applicable to this decision, the LPA or Deputy may make a decision on behalf of the resident:  **I do/I do not** wish for …….. vaccine to be given  Named LPA/Deputy Name:…………………………………………………………………………………………  Signature…………………………………………………… |

**Section D** Best Interests

If the individual lacks capacity, a best interest decision needs to be made.

**Decision from Best Interests meeting**

It is agreed that (name) ………………………………………… **will receive/not receive** the ……….. vaccination

The best interests meeting record can be found in…………………………………………………………………….

**Any uncertainties regarding capacity and consent can be discussed with the Local Authority MCA and DoLS Team in your area and follow the statutory guidance for the Mental Capacity Act 2005[[3]](#footnote-3)**

**For a range of information on the Mental Capacity Act see** [**http://www.scie.org.uk/publications/mca/index.asp**](http://www.scie.org.uk/publications/mca/index.asp)

1. <https://www.gov.uk/government/publications/requesting-information-about-a-guardianship-order> [↑](#footnote-ref-1)
2. <https://www.gov.uk/government/publications/lasting-power-of-attorney-valid-examples> [↑](#footnote-ref-2)
3. <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice> [↑](#footnote-ref-3)