**B** Statement of the health professional (details of treatment, risks and benefits)

1. I confirm I am a health professional with an appropriate knowledge of the proposed course of treatment, as specified in the hospital’s consent policy. I have explained the treatment to the parent. In particular I have explained:
   a) the intended benefits of the treatment:
      - Provide immunisation protection against tuberculosis (BCG vaccination) and/or hepatitis B
   b) the possible risks involved and any side effects of the vaccinations. Addenbrooke’s always ensures any risks are minimized. However, all treatment carry some risk and I have set out below some significant, unavoidable or frequently occurring risks.
      - Redness, swelling and/or pain around injection site
      - Raised temperature, rash, malaise
      - Irritability, loss of appetite
      - Allergic reaction is rare
      - 2-6 weeks after BCG, a small spot will appear at injection site that may be painful, will gradually heal and may leave a small a scar
   c) what the treatment involves, the benefits and risks of any available alternative treatments and any particular concerns of the parent.
   d) how the vaccinations will be given
      - BCG vaccination is given as an intradermal injection in upper part of left arm
      - Hepatitis B vaccination is given as an intramuscular injection in upper part of arm or thigh (if in conjunction with BCG, opposite arm will be selected)
      - Hepatitis B vaccination schedule detailed on next page

2. The following information leaflet has been provided:
   - Immunisations up to one year – a quick guide (Public Health England 2017)
   - TB, BCG vaccine and your baby (Department of Health 2015)

Or □ I have offered the patient information about the treatment but this has been declined.

3. Signed (health professional):
   - Name (print):
   - Date:
   - Designation:
   - Time (24hr):
   - Contact/bleep no:

**C** Consent of person with parental responsibility:

I confirm that the risks, benefits and alternatives of the treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this treatment.

I **agree** that my baby should receive the course of vaccines described on this form

   - BCG [ ] Yes [ ] No
   - Hepatitis B [ ] Yes [ ] No

I have read and understood the patient information about this treatment and the above additional information. I agree to the treatment.
**Consent Form**

**BCG and Hepatitis B immunisations for neonates**

**C  Continued:**

Signed (parent): __________ Date: __________
Name of the parent (print): __________

**D  Confirmation of consent:**

Confirmation of consent (where the treatment has been discussed in advance).
On behalf of the team treating the patient, I have confirmed with the parent that she/he has no further questions and wishes the treatment to go ahead.

Signed (health professional): __________ Date: __________
Name (print): __________ Job title: __________
Please initial to confirm all sections have been completed:

**E  Interpreter’s statement (if appropriate):**

I have interpreted the information to the best of my ability, and in a way in which I believe the parent can understand.

Signed (interpreter): __________ Date: __________
Name (print): __________ Job title: __________
Or, please note the language line reference ID number:

**F  Withdrawal of parent consent**

☐ The parent has withdrawn consent (ask patient to sign and date here)

Signed (parent): __________ Date: __________
Signed (health professional): __________ Date: __________
Name (print): __________ Job title: __________

**Immunisation**

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine</th>
<th>Batch number</th>
<th>Expiry date</th>
<th>Site of injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BCG (0.05ml intradermal)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine</th>
<th>Batch number</th>
<th>Expiry date</th>
<th>Site of injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hepatitis B Paediatric (monovalent) vaccine 0.5ml IM (1st dose - post delivery)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Hepatitis B Paediatric (monovalent) vaccine 0.5ml IM* (2nd dose at 4 weeks age)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Infanrix hexa®* (3rd hepatitis B dose at 8 weeks age)</td>
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</tr>
<tr>
<td></td>
<td>Infanrix hexa®* (4th hepatitis B dose at 12 weeks age)</td>
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<tr>
<td></td>
<td>Infanrix hexa®* (5th hepatitis B dose at 16 weeks age)</td>
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<tr>
<td></td>
<td>Hepatitis B Paediatric (monovalent) vaccine 0.5ml IM* (6th dose at 1 year)</td>
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</tr>
</tbody>
</table>

* In most cases the 2nd, 3rd, 4th, 5th and 6th doses of vaccine will be given in the community. Please note that 3rd, 4th and 5th doses of hepatitis B vaccine are provided in Infanrix hexa® as part of the usual infant immunisation schedule.