



**PNEUMOCOCCAL  
VACCINE CONSENT  
FOR ADULTS INCAPABLE  
OF CONSENTING FOR SELF**

**SECTION 1: PERSONAL INFORMATION**

Client Last Name		Client First Name	
CareCard Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YYYY / MM / DD)	
Name of Guardian or Committee / Representative / Temporary Substitute Decision Maker (see page 2 for definitions)			
Relationship to Client		Daytime Phone Number	
Name of Facility (if applicable)		Daytime Phone Number	

**SECTION 2: CONSENT GIVEN BY GUARDIAN OR COMMITTEE / REPRESENTATIVE / TEMPORARY SUBSTITUTE DECISION MAKER**

I have read or had explained to me the HealthLinkBC File information on pneumococcal vaccine available at <http://www.healthlinkbc.ca/healthfiles/httoc.stm>. I understand the benefits and possible reactions of the vaccine and the risk of not getting immunized. I have been informed of any medical reason why pneumococcal vaccine should not be given to the above named client. **I have had the opportunity to ask questions that were answered to my satisfaction.**

**I confirm that pneumococcal vaccination should proceed for the above named client.**

**Unless I cancel it, I understand this consent is valid for 21 days after I have signed it.**

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*Signature(s): Guardian or Committee / Representative / Temporary Substitute Decision Maker*

*Date Signed (YYYY / MM / DD)*

**SECTION 3: HEALTH CARE PROVIDER USE ONLY**

I confirm the above named client is incapable of providing consent for pneumococcal vaccine and that the client's Guardian or Committee, Representative or Temporary Substitute Decision Maker confirms that the pneumococcal vaccine should be given to the client. I am administering pneumococcal vaccine no more than 21 days after the consent was signed by the Guardian or Committee, Representative, or Temporary Substitute Decision Maker of the client.

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*Signature of Health Care Provider*      *Date Signed (YYYY/MM/DD)*      *Date of Immunization (YYYY/MM/DD)*

Personal information collected on this form may be used by the health authority to update the client's immunization record. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. Summary statistical information may be reported to the Ministry of Health Services. If you have any questions about the collection and use of this personal information, contact your local health unit. You may be contacted to request your participation in the evaluation of this immunization program.

## 1.0 GUARDIAN

The following provisions of the *Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA)* authorize a health care provider to act upon consent given on behalf of an adult.

NB: references to a guardian in the *HCCCFAA* include a committee of the person.

“**Guardian**” means a person appointed as

- (a) a guardian under the *Adult Guardianship Act*, or
- (b) a committee of a person who is declared under the *Patients Property Act* to be:
  - (i) incapable of managing himself or herself, or
  - (ii) incapable of managing himself or herself and his or her affairs;

## 2.0 REPRESENTATIVE

A representative is a person appointed by an adult in a representation agreement to help the adult make health care decisions or to make health care decisions on behalf of the adult.

## 3.0 TEMPORARY SUBSTITUTE DECISION MAKER

A temporary substitute decision maker, chosen by a health care provider as provided for in the *HCCCFAA* may consent to healthcare.

**SECTION 16 (1)** To obtain substitute consent to provide major or minor health care to an adult, a health care provider must choose the first, in listed order, of the following who is available and qualifies under subsection (2):

- (a) the adult’s spouse;
- (b) the adult’s child;
- (c) the adult’s parent;
- (d) the adult’s brother or sister;
- (e) anyone else related by birth or adoption to the adult.

**Subsection (2)** To qualify to give, refuse or revoke substitute consent to health care for an adult, a person must

- (a) be at least 19 years of age,
- (b) have been in contact with the adult during the preceding 12 months,
- (c) have no dispute with the adult,
- (d) be capable of giving, refusing or revoking substitute consent, and
- (e) be willing to comply with the duties in section 19.

**Subsection (3)** If no one listed in subsection (1) is available or qualifies under subsection (2) or if there is a dispute about who is to be chosen, the health care provider must choose a person, including a person employed in the office of the Public Guardian and Trustee, authorized by the Public Guardian and Trustee.

**Subsection (4)** A health care provider is not required to do more than make the effort that is reasonable in the circumstances to comply with this section.

## 3.1 AUTHORITY OF A TEMPORARY SUBSTITUTE DECISION MAKER

**Section 17 (1)** Subject to section 9 (2), a person chosen under section 16 has the authority to decide whether to give or refuse substitute consent.

**Subsection (2)** The health care provider must, no more than 21 days before that health care begins, confirm in writing that:

- (a) the adult is still incapable, and
- (b) the person who earlier consented to the health care being provided confirms that the health care should begin.