

Influenza Vaccine Consent Form

The flu vaccine is very safe and generally people have no reaction. The most common side effects are tenderness, swelling and redness at the injection site which usually disappears within a few days. A small percentage of people may experience a mild fever and feel unwell for a few days – this is not the flu. These symptoms clear up within a few days.

It is recommended that all people who receive the flu vaccination remain in the vicinity for 15 minutes in case of an allergic response.

Before agreeing to receive the flu vaccine, please read the Consumer Medicine Information (CMI). The CMI is available from the Vaccine Officer.

MEDICAL HISTORY

Please answer the questions below to allow us to assess your suitability to receive the flu vaccination:

1. Have you ever received a flu vaccine? Yes No
2. Have you ever experienced any problems after receiving a flu vaccine or any vaccine in the past? Yes No
3. Are you allergic to eggs or egg products? Yes No
4. Have you had any severe allergies (to anything) in the past? Yes No
5. Do you have a high fever or are you currently unwell? Yes No
6. Do you have a history of Guillain Barre Syndrome (severe muscle weakness)? Yes No
7. Are you allergic to Neomycin or Polymyxin? Yes No
8. Do you have any medical conditions that the nurse should be aware of prior to you receiving a vaccination (such as, a chronic illness, bleeding disorder, do not have a functioning spleen) Yes No

The flu vaccine can be safely given during any stage of pregnancy <http://www.immunise.health.gov.au/>

9. Are you planning a pregnancy, currently pregnant or breast feeding? Yes No

I have read and understood this information and the Consumer Medicine Information for this vaccine.
I consent to receiving a flu vaccine injection.

Full Name:

Date of Birth (DD/MM/YYYY):

Employer/Organisation:

Gender:

Medicare Card Number:

Medicare Individual Reference Number:

Signature:

Home Address:

[Why are we asking for Medicare and address information?](#)

Australian Vaccine Services (AVS) is registered as a recognised vaccination provider by the Department of Health and Australian Immunisation Register (AIR). If you'd like us to update your AIR/Dept. of Health medical record with the vaccination we give you, please let us know your Medicare number or home address. Please note that AVS will only use this information to upload your AIR record and will NEVER use this data for any other reason.

OFFICE USE ONLY

Nurse Immuniser

Time & Date of injection:

Signature:

Vaccine Brand:

Vaccine Batch No:

Expiry Date:

Nurse Notes: