INFLUENZA VACCINE
CONSENT FORM

Name

Date of Birth

Organisation/Employer

Employee Number

Department

I HAVE READ AND UNDERSTOOD THIS INFORMATION AND THE CONSUMER MEDICINE INFORMATION FOR INFLUENZA VACCINE. I CONSENT TO RECEIVING A FLU VACCINE.

Signature

Date

FOR OFFICE USE ONLY

Flu vaccine given by

Vaccine brand

Batch number

Signature

Date

IMPORTANT QUESTIONS

1. Are you less than 18 years of age? **Yes** ☐ **No** ☐
2. Do you have a fever or are you currently unwell? **Yes** ☐ **No** ☐
3. Will this be the first time you have had an influenza vaccination? **Yes** ☐ **No** ☐
4. Have you ever experienced any problems after vaccination? **Yes** ☐ **No** ☐
5. Are you allergic to chicken eggs? **Yes** ☐ **No** ☐
6. Are you allergic to Neomycin or Polymyxin? **Yes** ☐ **No** ☐

If you answer **YES** to any of these questions or if you're pregnant or breastfeeding, please make sure you talk about this with the healthcare professional before vaccination.

PLEASE ANSWER THE QUESTIONS OVERLEAF BEFORE YOU GET YOUR INFLUENZA VACCINATION

The information provided will not be given to anyone else. It will be used only in connection with the administration of the influenza vaccine and will otherwise be kept private and confidential.

NOTE: It's important to let us know if this is the first time that you have had an influenza vaccination.

THINGS YOU SHOULD KNOW

- **Influenza vaccine can never give you the flu. The vaccine does not contain any live virus.**
- The influenza vaccine is generally well tolerated but you should stay close by for 15 minutes – so we can keep an eye on you for the first few minutes after your vaccination.
- Like all medicines, this vaccine may have some side-effects. These are usually very mild and do not last for long. If you feel anything that worries you, call your doctor for advice.
- Some people report redness or discomfort at the site of the injection, this should disappear within a few days.
- Some people report mild fever and muscle pains or feel generally unwell for one or two days after the vaccination. These flu-like symptoms do not mean you have the flu. They are most likely to be your body's natural response to the vaccine.
- If you are pregnant or breastfeeding please discuss influenza vaccination with your healthcare professional.

IF YOU HAVE ANY QUESTIONS

- Talk to your doctor or healthcare professional.

You must be assessed individually and provide informed consent by signing this form before vaccination. If you have any questions, you are advised to talk to your doctor, pharmacist or other healthcare provider. Consumer Medicine Information leaflets for influenza vaccines are available at your work place vaccination site or upon request from your healthcare professional. These leaflets include the side-effect profile of influenza vaccination and give information on people who should not receive the vaccine.

VACCINATION IS YOUR BEST DEFENCE

For more information, visit **www.flu.com.au**

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