

INFLUENZA IMMUNISATION CONSENT FORM

PATIENT NAME: _____

DOB: ___/___/___ CURRENT AGE: _____

PLEASE TICK BOXES BELOW **WHICH APPLY TO ABOVE PATIENT**

You may be eligible for gov't funded Flu Vaccine



6 MONTHS TO 4 YEARS OLD		GOVERNMENT FUNDED
65 OR MORE YEARS OLD		
PREGNANT		
ABORIGINAL OR TORRES STRAIT ISLANDER		
CARDIAC DISEASE		
CHRONIC RESPIRATORY CONDITIONS,		
CHRONIC NEUROLOGICAL CONDITIONS		
IMMUNOCOMPROMISING CONDITIONS Immunocompromised due to disease or treatment, Asplenia or splenic dysfunction, HIV infection		
DIABETES AND OTHER METABOLIC DISORDERS Type 1 OR 2 diabetes, Chronic metabolic disorders		
RENAL DISEASE Chronic renal failure		
HAEMATOLOGICAL DISORDERS		
LONG-TERM ASPIRIN THERAPY IN CHILDREN AGED 6 MONTHS TO 10 YEARS		
NONE OF THE ABOVE - PRIVATE VACCINE \$25		

BEFORE RECEIVING THE VACCINE, we need you to answer the following questions. The information you provide is private and confidential. It will not be used for other purposes.

Do you have a needle phobia? *If yes this patient is not suitable to be booked into a flu clinic* yes () no ()

Have you had a flu vaccine before? _____ yes () no ()

Have you had any serious problems after flu vaccine? _____ yes () no ()

Have you ever felt faint or fainted after immunisations.? _____ yes () no ()

Are you currently suffering a feverish illness? _____ yes () no ()

Are you allergic to eggs? _____ yes () no ()

Are you allergic to Neomycin, Polymixin, Gentamycin Thiomersol or Latex? ____ Yes () no ()

Are you taking any medications now (especially Cortisone, Steroids, Immunosuppressive medication, or blood thinners)? _____ yes () no ()

Do not attend the Flu vaccine clinic if you:

- **Had COVID-19 in the last 7 days**
- **Have a phobia to vaccines**
- **Anaphylaxis from vaccines**
- **You have any cold or flu symptoms such as: nasal congestion, runny nose, sore throat, cough, fever, shortness of breath, chest tightness/pain or any other acute illness**

ABOUT THE FLU VACCINE

Flu vaccine has been shown to be very effective at preventing influenza.

Flu vaccine cannot give you flu.

Flu vaccine is given in the arm and takes 2-4 weeks to reach its maximum protective response.

Discomfort, redness and swelling at the injection site are the most common side effects.

Occasionally fever, headache, tiredness or aching muscles may occur within a few hours of vaccination and may last for 1-2 days. Please consult your Doctor if symptoms persist.

Anaphylaxis is an extremely rare, but life threatening potential allergic reaction to the Flu Vaccine.

Guillain–Barré Syndrome has been rarely implicated with influenza vaccination (1 in 2 million) although direct causative relationship has not been established.

Flu vaccine does not prevent common cold,

NOR DOES IT PROVIDE PROTECTION AGAINST COVID 19.

Most people experience no significant problems after receiving the Flu vaccine.

ABOUT INFLUENZA

Influenza can be a serious disease with symptoms that restrict day to day activities and can lead to life threatening complications.

Symptoms of influenza can last for weeks and include the sudden onset of fever, muscle pain, sore throat, dry cough, headache and tiredness.

I have read and understand this 2-page information form and consent to receiving influenza vaccination.

Signature: - _____

PRINT NAME _____

DATE: ____/____/2021

(Patient/Parent/Guardian)

PLEASE WAIT ON THE PRACTICE GROUNDS FOR 15 MINUTES AFTER YOUR VACCINATION

Office use only:

Vaccine administered by: _____

Site: Left Arm Deltoid Right Arm Deltoid Left Thigh Right Thigh

Vaccine Label:

Entered into Best Practice by: _____