

Flu Vaccine Consent Form

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

Please fill in medical history form and return to the practice. Please phone prior to arriving to check Doctor's availability. The Doctor will read the medical notes and perform a health check, then the flu vaccination will be administered by the Treatment Room Nurse.

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 vaccination? | YES | 4/ |
| When _____ | | |
| 2. Have you ever experienced any problems after receiving a flu vaccine or any vaccine in the past? | YES | 4/ |
| 3. Are you allergic to eggs or egg products? | YES | 4/ |
| <% Have you had any severe allergies (to anything) in the past? | YES | 4/ |
| 5. Do you have a high fever or are you currently unwell | YES | 4/ |
| =% Do you have a history of Guillain Barre Syndrome? | YES | 4/ |
| 7. Are you allergic to Neomycin or Polymyxin | YES | 4/ |
| >% 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 | 4/ |
| ?% Are you currently pregnant | YES | 4/ |
| 10. Are you currently breastfeeding? | YES | 4/ |
| 11. Are you over 65 Years of Age | YES | 4/ |
| 12. Are you an Aboriginal / Torres Strait Islander | YES | 4/ |
| 13. Do you have any of the following : | | |
| Asthma / Heart Problems / Kidney problems / diabetes / low immunity / Cancer / chronic disease / Taking biological treatments (please circle) | | |

The flu vaccine is very safe and generally people have no reaction. The most common side effects are tenderness, swelling and redness at the site of 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.

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

Name of Patient _____ D.O.B _____

Phone: _____ Employer _____

Signature _____ Date _____