



INFLUENZA VACCINATION CONSENT FORM

Please complete all sections and give directly to the nurse

The purpose of this form is to advise the nurse of any contra-indications you may have to the vaccine and that you are giving your consent to have the influenza vaccine. **Medi Health Diagnostics collects and stores this information only for the purpose of your vaccination today.**

Your Full Name: _____	Date of Birth: / / _____
Company Name: _____	Family Doctor / GP: _____

Influenza vaccination should **NOT** be given if you have:

- Acute respiratory illness or a high fever
- Previous hypersensitivity to this, or other vaccines
- Hypersensitivity to neomycin, polymyxin, formaldehyde
- **If you are hypersensitive to any fowl protein (including eggs, chicken meat and chicken feathers)**

TO THE BEST OF YOUR KNOWLEDGE (please tick Yes or No):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently unwell with a high fever?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had a reaction to an injection or vaccination?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you allergic to any medicines? PLEASE LIST: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had an anaphylactic reaction from any cause?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a bleeding disorder?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have, or have you had cancer?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had Guillain-Barré Syndrome (paralysis problem)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	FEMALES: Is there any possibility you could be pregnant?

Influenza vaccine is usually well tolerated; however possible responses to the influenza vaccine include, but are not limited to:

- Redness, tenderness or a hardness at the injection site for a day or two
- A mild fever, muscle ache or headache within the first 2 days
- Rarely, an allergic reaction can occur almost immediately

Influenza vaccination is highly effective but cannot guarantee complete protection against catching influenza. Protection becomes effective 2-3 weeks after vaccination. If you come in contact with the influenza virus within two weeks of being vaccinated, you may still contract the virus.

YOU CANNOT GET THE FLU FROM HAVING THE FLU VACCINATION!

YOU MUST REMAIN ONSITE FOR 20 MINUTES AFTER YOUR VACCINATION. PLEASE NOTIFY OUR NURSE IMMEDIATELY IF YOU HAVE ANY CONCERNS. MAKE SURE YOU TAKE YOUR AFTER IMMUNISATION LEAFLET, COMPLETE THE SLIP ON THE BOTTOM AND SEND TO YOUR FAMILY DOCTOR.

At this time, I believe the above information I have given is true and correct. I have read and understood the above information and asked questions as required. I understand the information given will not be used for anything else that will identify me and is solely for the use of the nurse here today from Medi Health. I consent to having the influenza vaccination today.

Date: / / 20 **Signed:** _____

VACCINATOR PLEASE COMPLETE:

Date Administered: / / 20 _____

Administration Site*: Left Arm Right Arm Other *Left Arm if Unspecified

BATCH NO.
&
EXPIRY DATE:

Signature of Vaccinating Nurse: _____ **Route** (if not I/M or S/C): _____



Medi Health Diagnostics
providers of work place health care

PLEASE GIVE THIS SECTION TO YOUR DOCTOR:
I received the influenza vaccination from Medi Health Diagnostics.

Most people tolerate the flu vaccine very well. After-effects that people do report are usually mild and only last for a short time. These effects are caused by your body's normal response to immunisation. If any symptoms persist beyond 1-2 days, or become severe, you should talk to your doctor or practice nurse.

Sometimes adults might feel some of the following after-effects that may last 1-2 days:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Soreness or redness at the injection site • Feeling unwell or tired • Having a mild fever or aching muscles | <p>Things you can do:</p> <ul style="list-style-type: none"> • Place a cool flannel at the injection site • Take a Paracetamol • Drink extra fluids |
|---|---|

Your Full Name: _____

Vaccination Date: _____