

2018 Influenza Immunisation Consent Form

Name:

DOB:

BACKGROUND: the influenza virus can cause major epidemics of respiratory disease. The resulting illness can vary in severity and secondary complications can be significant. Symptoms include the abrupt onset of fever, myalgia (pain in the muscles), sore throat, non-productive cough, headaches and tiredness which may persist for several weeks and often result in restriction of activity.

**Before consenting to receiving the influenza vaccination, please answer the following.
The information you provide is private and confidential and will not be used for any other purpose.**

1. Do you have an acute feverish illness at present? Yes No
2. Have you previously been vaccinated against the flu? Yes No
3. Have you experienced any significant problems after vaccination? Yes No
4. Are you allergic to eggs or chicken feathers? Yes No
5. Are you allergic to neomycin, or latex? Yes No
6. Are you taking any cortisone, steroid, immunosuppressive medication or theophylline, warfarin or dilantin? (If Yes, please circle which one) Yes No
7. Are you pregnant or breastfeeding (women only)? Yes No

If you have answered yes to any of these questions it still may be appropriate for you to be vaccinated, however, you may wish to visit your GP instead.

ADVERSE EVENTS AND PRECAUTIONS

- The influenza vaccine is generally well tolerated
- Occasional discomfort, redness and swelling at the injection site is most common
- Fever, muscle pain and malaise occur infrequently within a few hours of vaccination and may last 1-2 days
- Immediate adverse events (most probably due to an allergy to eggs) such as hives, swelling of the face, lips or tongue; breathing difficulties, such as wheezing or systemic anaphylaxis are a rare consequence
- Guillain-Barre Syndrome is rarely associated with influenza vaccination (1 in 2 million), although a direct relationship has not been established
- Please refer to consumer product information for complete details

I have read and understand the above information and the information sheet and consent to receiving an influenza vaccine injection.

Signature:

Date:

OFFICE USE ONLY

Influenza vaccine given by:

Date:

Batch number:

Signature: