

## INFLUENZA VACCINE CONSENT FORM

Please answer the following questions to allow us to access your suitability to receive the flu vaccination:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. Is this the first time you have received the the influenza vaccination?                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Do you have an acute illness with fever at present?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Have you ever experienced any significant problems after any vaccination?                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Are you allergic to eggs?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Are you allergic to any of the following: neomycin, polymyxin, gentamicin or latex? Please specify | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Have you ever had Guillain Barre Syndrome?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

### POSSIBLE SIDE EFFECTS OF VACCINATION

Like all medicines, the influenza vaccine can cause side effects, although not everybody gets them. The most common side effects of the influenza vaccine include:

- Pain, tenderness, redness, swelling, bruising and hardness at the injection site
- Systemic side effects including:
  - Feeling generally unwell (malaise)
  - Muscle aches
  - Headache
  - Shivering
- Fever
- Irritability
- In children - abnormal crying, drowsiness, appetite loss, vomiting

**These side effects usually resolve within a few days. If events continue or become severe, or if you notice something not listed in this leaflet, please tell your doctor.**

**It is recommended that all people who receive the influenza vaccination remain in the vicinity for 15 minutes in case of an allergic response.**

What do do to reduce side effects?

- Drink extra fluids
  - Rest
  - Paracetamol can be given as per the instructions on the bottle/pack
- Do not overdress if hot
  - Seek further advice from your doctor if concerned

### I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION AND CONSENT TO RECEIVING THE INFLUENZA VACCINE

Full Name:  DOB:  /  /  Age:

Signature:  Date:  /  /

Doctors Name:

Doctor Signature:  Date:  /  /

Brand:	Site given:	Administered by:
LOT/ Exp:	Funded : YES / NO	Signature: