

FluQuadri 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.

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 vaccine?	Yes	No
2. Have you ever experienced any problems after receiving a flu vaccine or any vaccine in the past?	Yes	No
3. Are you allergy to eggs or egg products?	Yes	No
4. Have you had any severe allergies (to anything) in the past?	Yes	No
5. Do you have a high fever or are you currently unwell?	Yes	No
6. Do you have a history of Guillain Barre Syndrome (severe muscle weakness)	Yes	No
7. Are you allergic to Neomycin or Polymyxin?	Yes	No
8. 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	No
Woman Only: The flu vaccine can be safely given during any stage of pregnancy http://www.immunise.health.gov.au/		
9. Are you planning a pregnancy, currently pregnant or breast feeding?	Yes	No

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

Date of Birth:

Employer/Organisation:

Contact No:

Signature:

Date:

Office use only

Nurse Immuniser Name:

Vaccine Batch No:

Expiry Date:

Signature:

Date: