

## Influenza Immunisation Consent Form

Surname ..... First Names .....  
Phone ..... Date of Birth ..... M / F  
Employer..... Dept / Position.....  
Emergency Contact (Name & Ph number).....

- |    |   |     |     |     |
|----|---|-----|-----|-----|
| 1. | Are you pregnant or trying to get pregnant?   | Yes | No  | N/A |
| 2. | Do you have any bleeding disorders?   | Yes | No  |     |
| 3. | Do you or have you had Guillian-Barré syndrome?   | Yes | No  |     |
| 4. | Have you ever had a severe reaction to any vaccination?   |     | Yes | No  |
| 5. | Do you have any allergies to; eggs, chicken, neomycin, polymyxin, gentamycin or formaldehyde?       |     | Yes | No  |
| 6. | Are you using any of the following medications; warfarin, theophylline, carbamazepine or phenytoin? |     | Yes | No  |
| 7. | Have you had a fever or been unwell during the past 24 hours?                                       |     | Yes | No  |

### Possible reactions to the vaccine are;

- Sometimes > redness, tenderness or hardness at the injection site for 24 – 48 hours  
Less Often > mild fever, muscle aching and headache within the next 2 days  
Rarely > a severe allergic reaction, if this happens it will occur almost immediately, this is why...

*It is required that I wait here for 20 minutes after my vaccination. The vaccinators take no responsibility if I leave before the required time.*

*I have read or have had explained to me the Information Leaflet about influenza vaccine, and I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccination.*

*I understand getting the vaccine is my choice; therefore I give my consent to the nurse to administer the influenza vaccine.*

Signed ..... Date .....  
(People aged 16 and above can consent to vaccination.)

### Immunisation Record (for Clinic Use)

Vaccine Name .....  
Vaccine Batch Number: ..... Administered: Left / Right Arm  
Expiry Date: ..... Vaccinator: .....



**Keep the blood of your company pumping...**