

Name: _____

Date of Birth: / /

QUESTIONS YOU MUST ANSWER: Please Circle your Response

Have you received a seasonal influenza vaccine in the past? Yes/No

Have you received a seasonal influenza vaccine since 1 March this year? Yes/No

Have you had a severe reaction following any vaccination in the past? Yes/No

Do you feel unwell today? Yes / No

Do you currently have a fever > 38.5C ? Yes/No

Do you have any severe allergy to anything? If yes, What? _____

Are you allergic to eggs? Yes / No

Do you have an allergy to Neomycin or Kanamycin? Yes / No

Do you have a bleeding disorder? Yes / No

Do you have a condition that lowers immunity (cancer, HIV) or are you immune compromised? Yes / No

Have you had Guillain-Barre Syndrome (severe muscle weakness)? Yes / No

Do you have any questions today? If yes, What? _____

Women Only: Are you planning a pregnancy, currently pregnant or breast feeding? Yes / No

Speak to your doctor if you are pregnant. Influenza vaccine is indicated and recommended if your due date falls during the flu season (November to March).

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 vaccine remain in the vicinity for 15 minutes in case of an allergic reaction.

CONSENT:

I have read and understood this information and the consumer Medicine information for this vaccine.
I consent to receiving a flu vaccine injection.

Patient Signature: _____ Date: / /