



Flu Vaccine Consent Form 2020/2021

Before agreeing to receive the Flu Vaccine, read the Consumer Medicine Information (CMI) leaflet available from the Site Manager or Nurse Immunizer.

Name: _____

Employer: _____

Date of Birth: _____

Contact Number: _____

Please answer the following questions to allow us to assess your suitability to receive the Flu Vaccination:

Have you ever been vaccinated against influenza before? YES ____ NO ____

Have you ever experienced any problems after receiving the flu vaccine? YES ____ NO ____

Are you allergic to eggs or egg products? YES ____ NO ____

Do you have a high fever or are you currently unwell? YES ____ NO ____

Do you have a history of Guillain Barre Syndrome? (Severe muscle weakness) YES ____ NO ____

Women Only:

Are you currently pregnant or breastfeeding? YES ____ NO ____

I have read and understand this information and the Consumer Medicine Information for the Flu Vaccine. I consent to receiving the Flu Vaccine injection.

Signature: _____

Date: _____

Note: It is recommended that all people who receive the flu vaccine remain in the vicinity for 15 minutes. For more information on flu vaccinations, visit: <http://www.immunise.health.gov.au/internet/immunize/publishing.nsf/Content/immune-influenza>

The flu vaccine is very safe and generally most people will have a reaction. If a reaction is felt the most common side effects are redness, tenderness, and swelling at the injection site which disappears in a few days. A small percentage of people may experience a mild fever and feel unwell for hours- this is not the flu. These symptoms clear up within a few hours.

Office Use Only:

Nurse Immunizer Name: _____ Signature: _____

Date: _____ Vaccine Batch Number: _____ Expiration Date: _____