



# Employee consent form for Influenza Vaccination

## WHAT IS THE FLU?

Influenza (flu) is highly contagious and the virus usually spreads through coughing and sneezing. Symptoms of flu vary and typically include abrupt onset of fever, muscular pains, headache, sore throat and coughing that can persist for days. Each year 5–20% of the community may become infected by the flu.

## BEFORE AGREEING TO RECEIVE THE FLU VACCINE

Take time to answer questions 1 to 6 on the right.

Take time to read the Consumer Medicine Information (CMI) for influenza vaccine that is available from the person administering your injection and should be kept by you. In particular, please read the sections headed: "Before you are given (influenza vaccine)" and "Side-effects".

If you have any questions, talk to your doctor, pharmacist, or the person administering your injection. The information you provide is private and confidential and will not be used for any other purpose.

## AFTER YOUR FLU INJECTION

The flu vaccine is generally well tolerated but you should remain close to the place of vaccination for at least 15 minutes for observation as recommended by the Australian Immunisation Handbook (NHMRC).

Like all medicines, vaccines may have side effects. Some redness, tenderness, discomfort or swelling is common at the injection site, but this usually disappears after a few days (for more information, please refer to the CMI).

Some people may have mild fever, muscle pains and generally feel a bit unwell for a few days after vaccination.

The flu vaccine does not contain live virus so it is not possible to get the flu from the vaccine.

If you have any questions, please talk to your doctor, pharmacist, or the person providing the vaccine.

### FOR OFFICE USE ONLY

Flu vaccine given by \_\_\_\_\_

Batch number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# STOP FLU BEFORE IT STOPS YOU

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Organisation/Employer \_\_\_\_\_

**PLEASE ANSWER THESE QUESTIONS**      **YES**      **NO**

1. Are you allergic to eggs, chicken feathers or any egg products?           

2. Are you allergic to the antibiotics neomycin or polymyxin?           

3. Are you taking any medication (please circle) for: asthma or bronchitis; blood thinning (e.g. warfarin) and/or to treat seizures or fits?           

4. Are you pregnant or breastfeeding?           

5. Are you ill at the moment? Do you have a fever?           

6. If you have previously been vaccinated against the flu, did you experience any significant problems after the vaccinations?           

**I consent to receiving a flu vaccination from Ausvax Pty Ltd**

Signature \_\_\_\_\_

Date \_\_\_\_\_

You must be assessed individually and provide informed consent by signing this form before vaccination. If you have any questions, you are advised to talk to your doctor, pharmacist or other healthcare provider. Consumer Medicine Information leaflets for influenza vaccines are available at your workplace vaccination site or upon request. These leaflets include the side-effect profile of influenza vaccination and state who should not receive the vaccine.