



# Employee consent form for Influenza Vaccination

## WHAT IS THE FLU?

Influenza (flu) is highly contagious and is usually spread 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 the questions to 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 receiving (influenza vaccine)" and "Side effects".

If you have any questions, talk to your doctor or pharmacist.

Your information 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 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 or pharmacist. You should seek immediate medical attention if you experience serious side effects.

### FOR OFFICE USE ONLY

Vaccination given by

Batch number

Signature

Date

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

**PLEASE ANSWER:** YES NO

- Are you allergic to eggs, egg products, or chicken proteins?  YES  NO
- Are you allergic to the antibiotic neomycin?  YES  NO
- Do you have any other allergies?  YES  NO
- Have you ever had a reaction to a vaccination?  YES  NO
- Are you ill at the moment or do you have a fever?  YES  NO
- Do you have, or have you had, any medical conditions?  YES  NO
- Are you taking any medication?  YES  NO
- Are you pregnant, do you intend to become pregnant, or are you breastfeeding?  YES  NO
- Have you previously been vaccinated against the H1N1 influenza (also known as "swine flu")?  YES  NO

## Consent to receive vaccination:

By signing this form I confirm that:

- I have read and understood the information in this form and the Consumer Medicine Information.
- I have had the opportunity to discuss my questions about the vaccination, and to verify my answers to the questions above, with my doctor or pharmacist before receiving the vaccination.
- I consent to receive the Influenza Vaccination from Ausvax Pty Ltd.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

You must be assessed individually and provide informed consent by signing this form before vaccination.