

Surname:	First Name:
Date of Birth: / /	Phone No:

As the flu vaccine does not contain a live virus, it cannot give you the flu.

- If you have any questions, talk to your doctor or the person administering your vaccination. The information you provide is private and confidential and will not be used for any other purpose.
- If you have any major medical conditions, please obtain advice from your treating doctor.

Before agreeing to receive the flu vaccine, please answer the following questions.

	YES	NO
1. Have you previously been vaccinated against the flu?		
2. Did you experience any significant problems after previous flu vaccinations?		
3. Are you ill at the moment? Do you have a fever?		
4. Are you allergic to eggs, chicken feathers or any egg products?		
5. Are you allergic to any of the following: Neomycin, Polymyxin, Gentamicin or Latex?		
6. Do you suffer from any other allergic reaction? If yes, please list here:		
7. Are you taking any medications? (Please circle) Cortisone, Steroid, Dilantin (Phenytoin Sodium), Immunosuppressive medication, Warfarin, treatment for seizures/fits. Or other, please list here:		
8. Have you ever suffered from Guillain-Barre Syndrome?		

After your flu shot.

It is recommended that all people who receive the flu vaccination remain in the clinic for 15 minutes in case of an allergic response.

- The flu vaccine is very safe and generally people have no adverse 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.
- Guillain-Barre Syndrome is rarely associated with influenza vaccination (1 in 2 million), although a direct relationship has not been established.

I _____ have read and understand this information and the Consumer Medical Information (CMI) for flu vaccine. I consent to receiving a flu vaccine injection.

SIGNATURE _____ DATE ____ / ____ / ____

FOR OFFICE USE ONLY

I.D Verified: GOVERNMENT FUNDED: PRIVATELY FUNDED: DATE: ____ / ____ / ____

VACCINE GIVEN BY: _____ SIGNATURE: _____

ARM ADMINISTERED: LEFT / RIGHT BATCH NUMBER: _____ EXPIRY: _____