

Flu Vaccination Consent Form

Date: ___/___/___

PERSONAL DETAILS

Family Name:

Given Name:

Date of Birth:

Sex: Male / Female

Postal Address:

LGA:

Whitehorse

Monash

Allergies:

PRE-IMMUNISATION QUESTIONNAIRE

1. Have you ever received a flu vaccine? Yes / No

2. Have you ever had a severe reaction to a flu vaccine or any other type of vaccine in the past? Yes / No

Please give details: _____

3. Are you allergic or sensitive to eating eggs? Yes / No

4. Have you had any severe allergies to anything in the past? Yes / No

Please give details: _____

5. Are you well today? Yes / No

6. Do you have a history of Guillain-Barre Syndrome (severe muscle weakness)? Yes / No

7. Are you allergic to Neomycin or Polymyxin? Yes / No

8. Do you have any medical conditions that the nurse should be aware of prior to you receiving a vaccination (such as chronic illness, bleeding disorders, dysfunctional spleen etc) Yes / No

Women Only

The Flu Vaccine can be safely given during any stage of pregnancy.

9. Are you planning a pregnancy, currently pregnant or breast feeding? Yes / No

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CONSENT

Emergency Contact – Name: _____ Contact No: _____

I, _____ (name), consent to the LinkHC nurse administering the flu vaccine to me today. I am aware of the risks of having the vaccine and consent to staying in the immediate area for observation for 15 minutes after having the vaccine.

Signature: _____ Date: ____/____/____

Address of Vaccination Site:

1300 552 509 www.linkhc.org.au