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Consent for Influenza Vaccination

Please print clearly

Last Name		First Name	
Date of Birth		Employee Number	
Company		Division	

Are you allergic egg or chicken?	Yes	No
Are you allergic to neomycin?	Yes	No
Are you suffering from an acute illness with fever at present?	Yes	No
Have you been vaccinated against influenza in previous years?	Yes	No
Are you presently taking Wafarin, Theophylline or Dilantin?	Yes	No
Are you pregnant? (Recommended and safe)	Yes	No
Have you ever felt faint or fainted after an injection or giving blood?	Yes	No

Side Effects of vaccinations

Most vaccines cause minor side adverse events such as low grade fever, muscle aches and headaches, or pain and redness at the injection site. In most people these will only last for a short period of 1 to 2 days. Very rarely, anaphylaxis (a severe allergic reaction that may result in unconsciousness and death if not treated quickly) can occur. It is for this reason that Vaccinations Onsite requests that all recipients of Influenza vaccination remain in the vicinity of the Immuniser for 15 minutes after their vaccination so that this rare adverse event can be managed effectively.

There have been reports overseas, but not in Australia, of a possible very rare association (1-2 cases per million people vaccinated) between influenza vaccinations and a condition called Guillain-Barre` syndrome (GBS), a nervous system disorder which may cause paralysis. The association with this vaccine is not proven.

Contraindications

People who have experienced the following should not receive an influenza vaccine:

- Anaphylaxis following a previous dose of any influenza vaccine
- Anaphylaxis following any vaccine component
- Severe allergy to eggs

Care after vaccination	Possible side effects of vaccination
For redness or swelling at the injection site, apply a cold compress	Common:
To Lower temperature or relieve discomfort, paracetamol can be taken	About 1 in 10 people may have pain and redness at the injection site, drowsiness or tiredness, muscle aches; low grade fever
If fever persists contact Vaccinations Onsite or consult your doctor	Very rare:

I have read and have understood this information and consent to receiving an influenza vaccine. I also understand that I must stay within the immediate vicinity of the Immuniser for 15 minutes after administration of my vaccine Signature _____ Date _____	Date of vaccination Time of Vaccination Signature of Vaccinator Batch number
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