

# 2023 CONSENT FORM FOR INFLUENZA VACCINATION FOR NSW SITES



## Risks and benefits of Influenza Immunisation

Influenza may cause fever, muscle and joint pains, pneumonia. Approximately 1 in 5-10 people in Australia get influenza each year. Increased hospitalisation is seen in those under 5 years of age and the elderly, with approximately 3000 people over 50 years of age dying each year. Other high-risk groups include pregnant women, people who are obese, have diabetes, have certain chronic medical conditions.

The risks of the influenza vaccine include swelling, redness or pain at the injection site (1 in 10 people). Guillain-Barré syndrome is a rare but a serious complication. (1 in 1,000,000 people). Serious adverse events are very rare.

It is recommended that you read the Consumer Medicine Information (CMI). INFLUVAC TETRA prior to having your vaccination to access this information go to [https://medsinfo.com.au/consumer-information/document/Influvac\\_Tetra\\_CMI](https://medsinfo.com.au/consumer-information/document/Influvac_Tetra_CMI) & you stay for 15min after your vaccination

<b>1. PATIENT INFORMATION: : Please print clearly (remember that you need to bring this form completed to your allocated Flu Apt &amp; give to the vaccinator)</b>			
Surname		First Name	
Date of Birth		Mobile Number	
Address:			
E-mail		Site (please circle)	HO, BV Factory, Distribution, BCMU/ Meals site, SDI/SED, Warnervale, Incubator
It is now a legal requirement for your vaccination to be recorded on the Australian Immunisation Register (AIR). Please ensure you use the name as displayed on your Medicare identification. The position on the card is the number next to your name.			
Medicare Number	<input type="text"/>	Position on Medicare card	<input type="text"/>

2. MEDICAL HISTORY Please answer the following questions below to allow us to assess your suitability to receive this onsite flu vaccination – if you have any concerns please discuss these with your vaccination provider	Yes	No
1. Have you ever received a Flu vaccine in the past?		
2. Have you received a seasonal influenza vaccine since 1 March this year?		
3. Have you had anaphylaxis following any vaccination in the past?		
4. Have you had a severe reaction following any vaccination in the past?		
5. Do you have a high fever or are you currently feeling unwell?		
6. Are you allergic to eggs or egg products?		
7. Are you currently immune-compromised?		
8. Do you have a bleeding disorder?		
9. Have you had any severe allergies (to anything) in the past?		
10. Do you have a history of Guillain Barre Syndrome (severe muscle weakness)?		
11. Are you allergic to Neomycin or Polymyxin?		
12. Are you pregnant or breastfeeding? If YES, please see your own doctor to get your flu vax		
13. Are you aged 65 years and over? (If so unfortunately we can't give you this onsite Flu Vaccination as you have to receive a specifically designed vaccine that you can get for Free from your GP)		

## 3. PATIENT CONSENT

I, ..... (Print name) **consent** to have the influenza vaccination and declare that I have:

- Read and understood the information on this form & I am aware of the risks, benefits and possible side effects of the vaccine
- Had the opportunity to discuss medical concerns with my vaccination provider
- Authorised my vaccination provider to pass on my personal & health information details to the Australian Immunisation Register, as required by law or to the NSW Public Health department following any adverse event after immunisation.
- Responded to the questions above to the best of my ability and the answers to them are true and accurate

I consent to be vaccinated with the influenza vaccine.

Signed ..... Date .....

Vaccination details (Dr / Nurse use only)	
Date of vaccination.....	Time of vaccination..... Site L / R Deltoid (please circle)
Batch Number (place sticker or write batch number here):	Expiry Date:
Name of vaccinator: <b>Dr Deon Viljoen</b>	Signature of vaccinator.....