

PATIENT CONSENT FORM

Influenza Immunisation Consent Form

Surname _____ First name _____

Phone _____ Date of birth _____ M F NHI _____

Address _____

Your doctor's name/surgery address _____

This form confirms that you have given your consent to have the influenza vaccine for our records. Young people aged 16 and above can consent to vaccination.

1. Does any of the following eligibility criteria for a free vaccine apply to you? If yes, please tick

- Pregnancy
- Morbid obesity (extremely overweight)
- Aged 65 years or older
- Cardiovascular (heart) disease
- Chronic respiratory (lung) disease (including asthma if on regular preventive treatment)
- Diabetes
- Chronic renal (kidney) disease
- Cancer (patient currently has cancer), excluding basal and squamous skin cancers if not invasive
- Other (please specify) _____

2. Answer the following. If you select YES to any of the following please consult your healthcare professional

(Please tick) YES/NO

- | | | |
|---|-----------------------|-----------------------|
| Do you have a bleeding disorder? | <input type="radio"/> | <input type="radio"/> |
| Do you have cardiovascular (heart) disease? | <input type="radio"/> | <input type="radio"/> |
| Do you have chronic respiratory (lung) disease ? | <input type="radio"/> | <input type="radio"/> |
| Do you have diabetes? | <input type="radio"/> | <input type="radio"/> |
| Do you have chronic renal (kidney) disease? | <input type="radio"/> | <input type="radio"/> |
| Do you have cancer? | <input type="radio"/> | <input type="radio"/> |
| Are you allergic to eggs and/or any poultry products e.g. chicken feathers? | <input type="radio"/> | <input type="radio"/> |
| Do you or have you had Guillain-Barré syndrome (paralysis problem)? | <input type="radio"/> | <input type="radio"/> |

3. Influenza immunisation should not be given to anyone:

- | | | |
|---|-----------------------|-----------------------|
| Who is acutely unwell with high fever; or | <input type="radio"/> | <input type="radio"/> |
| Who has previously had a severe allergic reaction with respiratory and/or cardiac involvement to any component in the influenza vaccines. | <input type="radio"/> | <input type="radio"/> |

4. Possible responses to influenza immunisation

Influenza immunisation is usually well tolerated. Possible responses include redness, tenderness or a hardness at the injection site for a day or two; a mild fever, muscle ache or headache within the first 2 days. Rarely, an allergic reaction can occur almost immediately. Influenza immunisation is highly effective but cannot guarantee complete protection against catching influenza.

You should remain under observation for 20 minutes after your immunisation.

I have read or have had explained to me the Information Leaflet about influenza vaccine, and I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccination.

I understand getting the vaccine is my choice. I agree to get the vaccine and that it is recommended that I wait here for 20 minutes after my vaccination.

I consent to this information being given to my healthcare provider to update applicable records.

Signed: _____ Date: _____

Immunisation Record (for Clinic Use Only)

Vaccine Batch Number:

Expiry Date:

Administered: Left / Right Arm

Vaccinator:

The influenza vaccine is a Prescription Medicine. Talk to your doctor or nurse about the benefits and possible risks.