

PERSON TO BE VACCINATED

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:		DOB / /	
Surname		Given Name	
Employer		Phone	
Address		Medicare Card Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Individual Reference Number <input type="checkbox"/> Valid To <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

OFFICE USE ONLY

Flu Vaccine Given By	Batch Number	Signature	Date / /
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GENERAL INFORMATION

What is the flu? Influenza (the “flu”) is highly contagious and the virus usually spreads through coughing and sneezing. Symptoms of the flu vary: typically they can include an abrupt onset of fever, muscular pains, headache, sore throat and coughing that can persist for days. Each year 10-20% of the community may become infected by the flu.

Before agreeing to receive the flu vaccine, please:

- Take time to answer the following questions.
- Take time to read the Consumer Medical Information that is available from the person administering your shot and should be kept by you. In particular, please read the sections regarding side effects.

If you have any questions, talk to your doctor, pharmacist or the person administering your shot. The information you provide is private and confidential.

After your flu shot:

- The flu vaccine is generally well-tolerated but it is recommended that recipients remain in the vicinity of the place of vaccination for at least 15 minutes.
- Like all medicines, vaccines may have side-effects. Some redness, tenderness, discomfort or swelling is common at the injection site, but this usually disappears after a few days (for more information, please refer to the CMI).
- Some people may have a mild fever, muscle pains and generally feel a bit unwell for a few days after vaccination. These ‘flu-like symptoms’ do not mean they have the flu.
- If you have any questions, please talk to your doctor, pharmacist or the person providing the vaccine.

QUESTIONNAIRE	Y	N	Y	N
1. Are you allergic to eggs, chicken feathers or any egg products?	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you had a severe reaction following previous vaccinations?	<input type="checkbox"/> <input type="checkbox"/>
2. Are you allergic to the antibiotics neomycin or polymyxin?	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have any other allergies or medical conditions?	<input type="checkbox"/> <input type="checkbox"/>
4. Are you ill at the moment? Do you have a fever?	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have a history of Guillain-Barre syndrome?	<input type="checkbox"/> <input type="checkbox"/>

AUTHORISATION

I have read and understand this information and the Consumer Medical Information (CMI). I consent to :

- receiving a flu vaccine injection.
- this information being provided to my employer.
- my personal information being uploaded to the Australian Immunisation Register (AIR).

Patient Signature _____ **Date** / /