



# INFLUENZA IMMUNISATION CONSENT FORM

PATIENT NAME: \_\_\_\_\_ APPOINTMENT TIME \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ CURRENT AGE: \_\_\_\_\_

PLEASE TICK BOXES BELOW WHICH APPLY TO ABOVE PATIENT



<b>6 MONTHS TO 4 YEARS OLD</b>	
<b>65 OR MORE YEARS OLD</b>	
<b>PREGNANT</b>	
<b>ABORIGINAL OR TORRES STRAIT ISLANDER</b>	
<b>CARDIAC DISEASE</b> Cyanotic congenital heart disease, Coronary artery disease, Congestive heart failure	
<b>CHRONIC RESPIRATORY CONDITIONS</b> Severe asthma (for which frequent medical treatment is required including the use of multiple medications) Suppurative lung disease, bronchiectasis, cystic fibrosis, Chronic obstructive pulmonary disease, chronic emphysema	
<b>CHRONIC NEUROLOGICAL CONDITIONS</b> Hereditary and degenerative CNS diseases, Seizure disorders, Spinal cord injuries, Neuromuscular disorders, conditions which increase respiratory infection risk.	
<b>IMMUNOCOMPROMISING CONDITIONS</b> HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR T-cell therapy.	
<b>CHRONIC METABOLIC DISORDERS</b> Type 1 OR 2 diabetes, amino ac	
<b>CHRONIC KIDNEY DISEASE</b> Chronic kidney disease stage 4 or 5	
<b>HAEMATOLOGICAL DISORDERS</b> Haemoglobinopathies	
<b>LONG-TERM ASPIRIN THERAPY IN CHILDREN AGED 6 MONTHS TO 10 YEARS</b>	
<b>FUNCTIONAL OR ANATOMICAL ASPLENIA</b> Sickle Cell disease or other haemoglobinopathies. Congenital or acquired asplenia (eg splenectomy) or hyposplenia	
<b>NONE OF THE ABOVE - PRIVATE VACCINE \$25 (funded by Qld Gov if resident)</b>	

GOVERNMENT FUNDED

BEFORE RECEIVING THE VACCINE, we need you to answer the following questions. The information you provide is private and confidential. It will not be used for other purposes.

Do you have a needle phobia? *If yes this patient is not suitable to be booked into a flu clinic* yes ( ) no ( )

Have you had a flu vaccine before? \_\_\_\_\_ yes ( ) no ( )

Have you had any serious problems after flu vaccine? \_\_\_\_\_ yes ( ) no ( )

Have you ever felt faint or fainted after immunisations.? \_\_\_\_\_ yes ( ) no ( )

Are you currently suffering a feverish illness? \_\_\_\_\_ yes ( ) no ( )

Are you allergic to eggs or chicken feathers? \_\_\_\_\_ yes ( ) no ( )

Are you allergic to Neomycin, Polymixin, Gentamycin Thiomersol or Latex? \_\_\_\_ yes ( ) no ( )

Are you taking any medications now (especially Cortisone, Steroids, Immunosuppressive medication, or blood thinners)? \_\_\_\_\_ yes ( ) no ( )

## IMPORTANT

### ABOUT THE FLU VACCINE

Flu vaccine has been shown to be very effective at preventing influenza.

Flu vaccine cannot give you flu.

Flu vaccine is given in the arm and takes 2 weeks to be fully protective.

Discomfort, redness and swelling at the injection site is the most common side effect.

Very occasionally fever, tenderness in the muscles and tiredness may occur within a few hours of vaccination and may last 1-2 days.

Rarely-Immediate adverse events (mostly probably due to eggs) such as Hives, Angioedema, Asthma or systemic anaphylaxis are a rare consequence.

Guillain-Barré Syndrome has been rarely implicated with influenza vaccination (1 in 2 million) although direct causative relationship has not been established.

Flu vaccine does not prevent common cold.

Most people have no significant problems from the vaccine.

### ABOUT INFLUENZA

Influenza can be a serious disease with significant complications and restriction of day to day activities

Symptoms of influenza include the sudden onset of fever, muscle pain, sore throat, dry cough, headache and tiredness which may persist for several weeks.

I have read and understand this 2-page information form and consent to receiving influenza vaccination.

Signature: - \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE: \_\_\_/\_\_\_/2024

(Patient/Parent/Guardian)

**PLEASE WAIT FOR 10 MINUTES AFTER YOUR VACCINATION**

### **Office use only:**

Vaccine administered by: \_\_\_\_\_

Site: Left Arm Deltoid  Right Arm Deltoid  Left Thigh  Right Thigh

Vaccine Label: \_\_\_\_\_

Entered into Medical Director by: \_\_\_\_\_