



Influenza Vaccination Consent Form 2021

Employee Name (as shown on Medicare Card):		
Date of Birth:/...../.....	Employer:	
Medicare Number	Ref	Expiry Date:/...../.....

Medical History

Please answer the questions below to allow us to assess your suitability to receive the flu vaccination:

- Have you had a COVID vaccination in the last 14 days? ☐ Yes ☐ No
Note: You are **not** able to have a COVID vaccination 14 days **before** or 14 days **after** this vaccination.
- Do you have a fever, shortness of breath, cough or sore throat (signs of acute respiratory infection), or are you currently unwell? ☐ Yes ☐ No
 - Have you returned from overseas in the last 30 days? ☐ Yes ☐ No
 - Have you been in close contact with a positive COVID-19 case? ☐ Yes ☐ No
 - Have you been in contact with someone who has returned from overseas in the last 30 days? ☐ Yes ☐ No
- Are you allergic to eggs or egg products? ☐ Yes ☐ No
- Have you had any severe allergies to anything in the past? ☐ Yes ☐ No
- Do you have a history of Guillain Barre Syndrome? ☐ Yes ☐ No
- Are you allergic to Neomycin or Polymyxin? ☐ Yes ☐ No
- Do you have any medical conditions that the nurse should be aware of prior to you receiving a vaccination (such as chronic illness, bleeding disorder, do not have a functioning spleen)? ☐ Yes ☐ No
- Women only: are you planning a pregnancy, currently pregnant or breast feeding? ☐ Yes ☐ No

The flu vaccination is very safe and generally people have no reaction. The most common side effects are tenderness, swelling, and redness at the injection site which usually disappears within a few days —this is not the flu. These symptoms clear up in a few days. It is recommended that all people remain in the vicinity for 15 minutes post vaccination in case of a reaction.

Employee Consent

I (name) consent to being given the influenza vaccine and acknowledge that I have read the information provided to me regarding the influenza vaccine by UFS Medical.	
Signature	Date:/...../.....

Vaccination Details

Administered by		Date:/...../.....
Site administered: <input type="checkbox"/> R deltoid <input type="checkbox"/> L deltoid		Brand of Vaccine:
Route: IM	Batch Number	
Comments		