Nurse Influenza Vaccination Consent Form

Name:_________________________________  Date of Birth:______________

Please answer the following questions by circling your response:

Do you smoke?  
Are you allergic to chicken, egg, latex or adhesives?  
Are you allergic to the antibiotics Neomycin, Gentamicin, Polymyxin?  
Do you have any common allergies?  
Are you unwell today or are you suffering from a fever at present?  
Is this the first Influenza vaccination that you have received?  
Have you ever had a reaction to any vaccination that has required medical intervention?  
Is there any reason why you are unable to remain at the Health Service for 15 minutes after receiving the vaccination?  
Are you presently taking medication to thin the blood?  
Are you pregnant?  
Have you ever felt faint or fainted after an injection?  
Do you have a chronic medical condition?  
Are you Aboriginal or Torres Strait Islander?  
Have you ever suffered/been diagnosed with Guillain Barre Syndrome?  

Side effects

The influenza vaccine is usually well tolerated. The most common side effects are mild and short-lived and may include the following:

- A localised reaction at the injection site such as tenderness, bruising, redness, pain or swelling or the formation of a hard lump.

Less common side effects include flu-like symptoms such as:

- Headache, tiredness, fever, sore throat, runny or blocked nose, sneezing, cough, chills.
- Vomiting/nausea, diarrhoea, aching muscles, irritability and loss of appetite.

The following are more serious side effects that you should report these to a staff member immediately:

- An allergic reaction such as rash, itching or hives on the skin, swelling of the face, lips, tongue or other parts of the body.
- Shortness of Breath, wheezing or difficulty breathing.
- A fit/convulsion or seizure
- Bleeding/bruising more easily than normal
- Little or no urine
- Severe stabbing or throbbing pain/nerve pain/neck stiffness
- Headache and high temperature (above 39)
- Tingling or numbness in your limbs

I have read and understood this information and consent to receiving the vaccination:

Signature:_________________________ Date:__/__/