

Consent Form for The Influenza Vaccine 2019/20

Forename(s) Surname
Home Address Date of Birth
Age
Gender
Tel Contact
Postcode Email Address

Please mark YES or NO for each question (to be completed by the patient)

Yes No

1. Do you have a serious allergy to gelatine, eggs, egg products, chicken protein, formaldehyde or Octoximol-9?
2. Do you have a serious allergy to antibiotics neomycin or polymyxin?
3. Do you have any other serious life-threatening allergies? *If yes please list, if no please put N/A:*
4. Have you ever had a serious reaction or anaphylaxis reaction to a previous dose of flu vaccine?
5. Have you ever or do you have Guillain-Barré Syndrome, neuritis, neuralgia, convulsions, encephalomyelitis or vasculitis?
6. Have you been vaccinated with any other vaccine (not just flu) within the past 30 days?
7. Are you pregnant or breastfeeding? *please note WI Ltd. can not provide influenza vaccination if answered Yes*
8. Do you have any of the following: asthma, diabetes (or other metabolic disease), or disease of the lungs, heart, kidney, liver, nerves or blood? *If yes, please give details:*
9. Do you have a weak immune system (HIV, cancer, or medication used to treat cancer or steroids)?
10. Do you feel ill today or have a fever?

Client Information/Consent After your flu shot:

- The flu vaccine is generally well-tolerated.
- Like all medicines, vaccines may have side-effects. Some redness, tenderness, discomfort, or swelling is common at the injection site, but this usually settles in a few days.
- Some people have a slight fever, muscle pains and generally feel a bit unwell for a few days after the vaccination. These flu-like symptoms do not mean they have the flu.
- Guillain-Barré Syndrome is rarely associated with influenza vaccination (1 in 2 million), although a direct relationship has not been established.
- It is advised that following administration of your influenza vaccine, you remain within the designated area for 15 minutes.

I have read and understand the above information and have been given a leaflet on the seasonal flu vaccine I am about to receive. I consent to receive the flu vaccine injection.

Patient's Signature Date Time

To be completed by the clinician ONLY	Date	Patient is eligible to have the Influenza Vaccine	Patient is NOT eligible to have the Influenza Vaccine
	Signature		

HCP Comments:

FOR OFFICE USE ONLY

Vaccine Name	Manufacturer	Batch No.	ExpiryDate	Dose and Site of Injection	Date of Immunisation	Signature and Name of Administrator
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