

Influenza Vaccination Consent form 2020

Family Name		Given Name	
DOB		Company	
Doctor		Medical Centre	

Please write clearly

History

Please tick Yes or No for the following	Yes	No
Have you ever had a serious reaction to a vaccination?		
Have you ever had severe allergic reaction to anything?		
Are you allergic to neomycin, polymyxin B Sulfate, gentamicin (these are types of antibiotics)		
Are you allergic to any chicken protein, eg eggs, chicken meat, or chicken feathers?		
Have you had a recent respiratory (chest) illness and/or high fever?		
Do you, or have you had, Guillian-Barré Syndrome? (rare neurological disorder in which the body's immune system mistakenly attacks part of its peripheral nervous system)		
Do you have a blood disorder (eg haemophilia)?		
Have you had immunodeficiency disorders?		
Do you currently have cancer or are you being treated for cancer? (are you taking any of these medications: <ul style="list-style-type: none"> • atezolizumab (Tecentriq®), • ipilimumab (Yervoy®), • nivolumab (Opdivo®) • pembrolizumab (Keytruda®) 		
Are you, or could you be, pregnant?		

Please Read

Normal side effects from this vaccination (which may last a few days) are:

- Some redness and tenderness at the injection site for 24-48 hours
- Occasional mild fever, muscle aches, and headaches, within two days
- The influenza vaccine does not protect against other respiratory viruses such as the common cold.
- For more information on the influenza vaccine please refer to the Consumer Medicine Information located at www.medsafe.govt.nz

Severe allergic reactions are very rare and can be managed by a health professional. This is why you must be observed for 20 minutes after your vaccination.

I have read and understood the information provided and consent to have an influenza vaccination. I agree to wait in the designated area as instructed by the nurse for 20 minutes following my vaccination. I consent to this information being given to my doctor in the event of an adverse reaction.

Signed: _____ Date _____

Vaccinator to Complete

Nurses signature		Date	
Vaccination Site:	<input type="checkbox"/> LD	<input type="checkbox"/> RD	Batch / expiry