

Corporate Health 4 Life

a briefcase of opportunities

Employee Consent Form ~ Influenza Vaccine

Organisation _____

Employee Name _____ Date of Birth _____

Work Address _____

Telephone _____ Unit/ Department _____

Payroll No/Cost Centre _____ Occupation _____

- **Before consenting to receiving the influenza vaccination, please read the Consumer Medicine Information for Inluvac and Potential Side Effects provided prior to vaccination**
- **Please read the questions below and if you answer yes to any of the questions please discuss with your immunisation provider.**

The information you provide is private and confidential and will not be used for any other purpose.

Questions for discussion *(Please tick appropriate boxes)*

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Do you have an acute feverish illness at present? (Temperature >38.5°C) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Have you been vaccinated against the flu in previous years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Have you experienced any significant problems after vaccination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Are you allergic to eggs or chicken feathers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Are you allergic to neomycin, polymyxin or gentamicin? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Are you taking any cortisone, steroid, immunosuppressive medication or Theophylline, Warfarin or Dilantin? (please circle) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Have you ever fainted when given an injection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | FOR WOMEN: Are you pregnant or breastfeeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Have you been told that you have had Guillian Barre Syndrome?
(neurological/paralysing condition) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

After your flu shot

- Mild side-effects include: Redness, tenderness, discomfort or swelling is common at the injection site, but this usually disappears after a few days
- Some people may have a mild fever, muscle pains and generally feel a bit unwell for a few days post vaccination. These 'flu-like symptoms' do not mean they have the flu.

Consent

I have read and understood the Inluvac Influenza Information Sheet about the risks of influenza vaccination including the risks of not being vaccinated.

I have been given the opportunity to discuss the risks and benefits with my immunisation provider.

I consent to receiving the influenza vaccine injection and inclusion on staff data base.

I agree to remain on the premises for 15 minutes after the vaccination.

Signature _____ Date _____

For Office Use Only

Date Given _____

Batch Number _____ Brand _____

Influenza Vaccine given by _____ Provider Signature _____