

# FluQuadri Vaccine Consent Form 2016

Before agreeing to receive the FluQuadri flu vaccine, please read the **Consumer Medicine Information** (CMI) leaflet available from the Site Manager or Nurse Immuniser.

Name: .....

Employer/Organisation: .....

Date of birth: .....

Contact No: .....

*I have read and understood this information and the Consumer Medicine Information for FluQuadri vaccine. I consent to receiving a FluQuadri flu vaccine injection.*

Signature: .....

Date: .....

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

Have you **ever** been vaccinated against influenza before?

Yes ☐  
No ☐

Have you ever experienced any problems after receiving a flu vaccine?

Yes ☐  
No ☐

Are you allergic to eggs or egg products?

Yes ☐  
No ☐

Do you have a high fever or are you currently unwell?

Yes ☐  
No ☐

Do you have a history of Guillain Barre Syndrome?  
(severe muscle weakness)

Yes ☐  
No ☐

## **Women only:**

Are you currently pregnant or breast feeding?

Yes ☐  
No ☐

**Note:** It is recommended that all people who receive the flu vaccine remain in the vicinity for 15 minutes.

**For more information on flu vaccinations visit:**

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-influenza>

The flu vaccine is very safe and generally most people will have no reaction. If a reaction is felt the most common side effects are redness, tenderness, and swelling at the injection site which usually disappears within a few days. A small percentage of people may experience a mild fever and feel unwell for a few hours – this is not the flu. These symptoms will clear up within a few hours.

### Office Use Only

Nurse Immuniser Name: .....

Signature: .....

Date: .....

Vaccine Batch No: .....

Expiry Date: .....