Seasonal Influenza Vaccination Program

Consent Form

I consent to the personal details below being used by Norfolk Island Health & Residential Aged Care Services for administration and evaluation purposes.

Surname		First Name	
Date of Birth		Gender	
Medicare Number - Position on card - Expiry date	__ __ __ __ __ __ __ __ __ __ __ __ __ / __ __ __ __	Pensioner/Health Card - Expiry date	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ / __ __ __ __

Vaccination Checklist

Please answer the following questions – if you have any concerns please discuss these with your vaccination provider

	Yes	No
1. Have you received a seasonal influenza vaccine in the past?		
2. Have you received a seasonal influenza vaccine since 1 March this year?		
3. Have you had anaphylaxis following any vaccination in the past?		
4. Have you had a severe reaction following any vaccination in the past?		
5. Do you feel unwell today?		
6. Do you currently have a fever ≥38.5C?		
7. Do you have an allergy to eggs?		
8. Are you currently immune-compromised?		
9. Do you have a bleeding disorder?		
10. Do you have a severe allergy to anything?		
11. Do you have a past history of Guillain-Barré syndrome?		
12. Are you aged 65 years and over? (You should receive the Fluad Quad vaccine for people aged 65+)		

I, …… (Print name) **consent** to have the influenza vaccination and declare that I have:

- Read and understood the influenza vaccine factsheet provided to me (including possible side effects of the vaccination)
- Had the opportunity to discuss medical concerns with my vaccination provider
- Responded to the questions above to the best of my ability and the answers to them are true and accurate
- I agree to wait at NIHRACS vaccination clinic for 15 minutes post vaccination, if I leave before this time I do so at my own risk.

I understand that having the influenza vaccine is my choice and I consent to be vaccinated

Signed …… Date ……..

Vaccination details

Date of vaccination..... Time of vaccination..... Site L / R Deltoid (please circle)

Batch Number (place sticker or write batch number here) …… Expiry Date……..

Name of vaccinator…….. Signature of vaccinator……..