

## 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.

<b>Last Name:</b>		<b>First Name:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Medicare Card Number:</b>		<b>Position on card:</b>	
<b>Pensioner / Health Care Card Number:</b>		<b>Expiry Date:</b>	

### Vaccination Checklist

**Please answer the following questions:**

If you have any concerns, please discuss these with your vaccination provider

Yes No

Have you received a seasonal influenza vaccine in the past?

Have you received a seasonal influenza vaccine since 1 March this year?

Have you had anaphylaxis following any vaccination in the past?

Have you had a severe reaction following any vaccination in the past?

Do you feel unwell today?

Do you currently have a fever  $\geq 38.5^{\circ}\text{C}$ ?

Do you have an allergy to eggs?

Are you currently immune-compromised?

Do you have a bleeding disorder?

Do you have a severe allergy to anything?

Do you have a history of Guillain-Barré syndrome?

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:

<b>Signed:</b>		<b>Dated:</b>	
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### Vaccination Information – Vaccinator Use Only

Vaccination Date:		Vaccination Time:		Site:	L / R Deltoid ( <i>please circle</i> )
Batch Number:	<i>Write number or place batch sticker here.</i>			Expiry Date:	
Name of Vaccinator:				Vaccinator Signature:	