

FLU CONSENT

Name: _____ Date of Birth: _____

Vaccination Checklist. This helps your provider decide about vaccinating you. Please answer the following questions:

	YES	NO
Have you had a Covid -19 vaccination within the past 7 days? If yes, you will not be able to receive the flu vax today as per government guidelines.		
Have you received a seasonal influenza vaccine in the past?		
Have you had anaphylaxis or a severe reaction following any vaccination in the past?		
Do you feel unwell today or have a fever?		
Do you have a bleeding disorder?		
Do you have a severe allergy to anything?		
Do you have a past history of Guillain Barré syndrome?		
Have you ever had anaphylaxis or a severe allergy to eggs?		
Are you a smoker? If yes, how many per day?		
Do you drink alcohol? If yes, how often?		

Flu vaccine safety

Common side effects may happen within one to two days after flu vaccination include:

- Soreness, redness, discomfort and/or swelling at the injection site
- Tiredness
- Muscle aches
- Low fever

These side effects are usually mild and go away within a few days, normally without any treatment.

The flu vaccine is safe for pregnant women and their babies at any stage during pregnancy.

It is safe for people with an egg allergy, including serious allergic reactions (anaphylaxis), to have flu vaccines.

Influenza (flu) is a highly contagious virus spread by droplets when an infected individual coughs or sneezes. It can also be spread by touching surfaces contaminated by people with flu.

Symptoms of flu include:

- Fever and chills
- Cough and/or sore throat
- Muscle aches, joint pain and headaches
- Fatigue (feeling very tired)

I, _____ (Print name) declare that I have:

- Read and understood the above information, including possible side effects of the vaccination.
- Had the opportunity to discuss medical concerns with my immuniser provider.
- Responded to the questions above to the best of my ability and the answers to them are true and accurate.
- I understand that having the influenza vaccine is my choice and I consent to be vaccinated.

Signed _____ Date _____