PIVOTAL health
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Consent Form ~ Influenza Vaccine

Full Name	
Date of Birth	

- **Before consenting to receiving the influenza vaccination, please read the "Influenza Information Brochure" provided to you 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.

Please answer the following questions before consenting to recieving the influenza vaccine

(Please tick appropriate boxes)

1	Do you have an acute feverish illness at present?	Yes ☐	No ☐
2	Have you been vaccinated against the flu in previous years?	Yes ☐	No ☐
3	Have you experienced any significant problems after vaccination?	Yes ☐	No ☐
4	Are you allergic to eggs or chicken feathers?	Yes ☐	No ☐
5	Do you have any allergies?	Yes ☐	No ☐
	If ***Yes***, please specify _____		
6	Are you currently taking any prescription medication?	Yes ☐	No ☐
	If ***Yes***, please specify _____		
7	Have you ever fainted when given an injection?	Yes ☐	No ☐
8	**FOR WOMEN**: Are you planning a pregnancy, pregnant or breastfeeding?	Yes ☐	No ☐

Consent

I have read and understood the 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I understand that consent can be withdrawn at any time prior to vaccination.

Signature _____ **Date**_____

For Office Use Only

Is the patient well today?	Yes ☐ No ☐
Allergies, previous vaccination and current medication checked?	Yes ☐ No ☐
Patient given opportunity to ask questions?	Yes ☐ No ☐
Post Vaccination Information given?	Yes ☐ No ☐
Date given	
Brand and Batch Number	
Given By (stamp)	
Fluvax is contraindicated for patients who have hypersensitivity to neomycin, polymycin and egg protein	