

Influenza vaccination information & consent form

Before agreeing to receive the “flu” vaccination, please:

- Read the Consumer Medicine Information (CMI) for Influvac. The CMI is available from the Vaccination Officer.
- Please pay particular attention to the sections headed: **“BEFORE YOU RECEIVE INFLUVAC”** and **“SIDE EFFECTS”**
- **IF YOU HAVE A SEVERE ALLERGY TO EGGS OR CHICKEN PROTEIN OR CHICKEN FEATHERS IN ANY FORM, OR TO THE ANTIBIOTIC GENTAMYCIN, YOU SHOULD NOT RECEIVE THE INFLUENZA INJECTION.**
- If you are taking drugs for asthma or bronchitis (e.g. theophylline); thinning the blood (e.g. warfarin); or to treat seizures or fits (e.g. Phenytoin, Phenobarbitone, Carbamazepine or Dilantin), you should advise your treating doctor that you were given the influenza vaccine. Your doctor may need to monitor your response to these drugs for a few weeks.
- There is no convincing evidence of risk to the foetus from vaccination of pregnant women with inactivated viruses but we recommend that you attend your own doctor if you are pregnant and want this vaccine.
- If you have ever had a significant reaction to any vaccination, you must advise the Vaccinating Officer now.

If you are **NOT** allergic to eggs or the above antibiotics, are not pregnant, do not have an acute feverish illness, do not have a history of Guillan-Barre Syndrome or paralysis, please sign below to confirm that you have read and understand the Consumer Medical Information (CMI) for Influvac® and consent to receiving a flu vaccine injection.

Name: _____

Signature: _____ Date: _____

Organisation/Employer: _____

For office use only

Vaccinating officer: _____ Signature: _____

Date: _____ Batch No: _____ Expiry date _____

Organisation: _____ Contact details: _____