

2015 Employee Consent Form for Influenza Vaccination

	YES	NO
Name _____ Company _____	1, Are you allergic to eggs, chicken feathers or any egg products?	
	2, Do you have any other allergies? (please tell the vaccinator)	
	3, Are you taking any medication (please tell the vaccinator)	
	4, Are you pregnant or breast feeding?	
	5, Are you very ill or have a fever at the moment? (mild colds/coughs ok)	
	6, Have you previously received the influenza vaccination?	
	7, Were there any significant problems or issues?	

Before agreeing to receive the Flu vaccine:

Please take time to read the Consumer Medical information. This is available from the person administering your flu shot. There are inserts in every vaccine box.

After your flu shot:

The flu vaccine is generally well tolerated and considered a very safe vaccine. It is recommended that recipients remain in the vicinity of the place of vaccination for approximately 15 minutes. If you feel at all unwell immediately tell the person performing the shots.

There may be side-effects. Some mild swelling at the site may occur. Some people may feel have mild fever or feel generally unwell for a couple of days after the shot. This is not the 'flu'. It is impossible to get the flu from the flu shot. Panadol or Neurophen may be taken. This will normally alleviate these symptoms

If you have any questions please talk to the person performing the flu shots.

Disclaimer: I have read the Consumer product information and have understood and answered the above questions. My consent to receive the vaccination is completely voluntary and is provided as a service by my employer to me. To the extent permitted by law, iMEDICAL life and my employer disclaim all liability related to the vaccination but not limited to negligence.

SIGNED: _____ **DATE:** _____ **Batch No(office use):** _____