

## Employee Medical Consent for Influenza Vaccination

Before agreeing to receive the Flu vaccine: Please take time to read the Consumer Medical information (CMI). This is available from the person administering your flu shot. There are inserts in every vaccine box and a PDF has been emailed to your workplace organiser of vaccinations.

**SURNAME**

**First NAME**

**COMPANY**

YES NO

Are you allergic to eggs, chicken, or any egg products?

Do you have any other allergies?

Details:

Are you very ill at present. ie fever over 38 degrees C?

Do you have a history of Guillain Barre Syndrome?

Have you ever received the Influenza vaccine before?

Were there any significant problems?

Details:

### 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 Nurofen 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 and my employer disclaim all liability related to the vaccination except due to negligence.

SIGNED

DATE

Batch number (office use)