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**Mildura Rural City Council Immunisation Service**

**Flu Consent Form 2020**

**It is important for you to note:**

• **If you are 65 years of age or older there is a specific influenza vaccine for this age group**

* Vaccination is in your upper arm

• Each vaccination will take approximately 2-3 minutes and you will need to remain in close proximity of the health professional (nurse administering the vaccine) for at least 15 minutes.

• You should not drive or operate heavy machinery until you know how the vaccination affects you.

• Do not do anything immediately after the vaccination that could be dangerous if you are dizzy or light headed.

• Flu vaccination is recommended annually.

**Please consider carefully and answer each of the following questions:**

Depending on your health, you may be referred to your medical practitioner for specialist immunisation advice.

**Please circle**

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. Are you allergic to eggs or chicken feathers? YES NO
4. Are you allergic to Polymyxin, Gentamycin, Thiomersal or Latex? YES NO
5. Are you taking Cortisone, Steroid, Immunosuppressive YES NO

medication, Theophyline, Warfarin or Dilantin?

1. Are you breastfeeding or pregnant? YES NO
2. Have you had a severe allergy (to anything) or ever had a YES NO

severe reaction following a vaccine?

1. Have you a past history of ‘Guillain-Barre’ syndrome or a bleeding disorder? YES NO
2. Are you 65 years of age or older YES NO

**Consent**

I acknowledge:

• That I have read this consent form and answered questions to the best of my knowledge

• That I understand the information provided and the risks associated with vaccinations   
(see over page)

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| **Name – please print** |  | | | | | | | **DOB**: | |  | | |
| **Date of Vaccination** |  | | | | | | | **Phone:** | |  | | |
| *Please enter Medicare card number including the position on card (in the last square)* | | | | | | | | | | | | Position on card ↓ |
| **Medicare Number** |  |  |  |  |  |  |  |  |  | |  |  |
| **Aboriginal / TSI** | **Yes / No *(circle)*** | | | | | | |  | | |  | |
| **Signature** |  | | | | | | | **Post Code:** | | |  | |
|  | | | | | | | | | | | | |
| *Parental / Guardian consent is required if the person is under 18 years of age and/or unable to understand the information required in this consent form* | | | | | | | | | | | | |
| **Name: Parent or Guardian** |  | | | | | | | Relationship to person: | | | | |
| **Signature: Parent or Guardian** |  | | | | | | | Date: | | | | |
| **Witness: Name** |  | | | | | | |  | | | | |
| **Witness: Signature** |  | | | | | | | Date: | | | | |
|  |  | | | | | | | | | | | |
| **Nurse Name & Signature:** |  | | | | | | | | | | | |
| **Batch Number** |  | | | | | | | | | | | |

**What is influenza?**Influenza, commonly known as the flu, is caused by a highly contagious virus that is spread by contact with fluid from coughs and sneezes. Influenza is an acute respiratory disease and each year it causes illness in the community and when a high proportion of people in a group or geographic region are affected it is called an epidemic.

**What are the symptoms?**Symptoms usually occur one to three days after infection and may include sudden onset of:

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| * Fever | * Chills | * Cough |
| * Sore throat | * Headache | * Muscle aches |
| * Severe tiredness | * Loss of appetite | * Runny or stuffy nose |

Complications may include pneumonia, bronchitis, worsening of other illnesses and death.

**Influenza vaccine**Influenza viruses change frequently so the influenza vaccine is updated every year. Having an influenza vaccine every year in autumn is recommended. Protection develops about two weeks after having the vaccine and lasts up to a year. Influenza vaccines contain killed influenza virus components grown in hens’ eggs, salt water and trace amounts of an antibiotic.

**Possible side effects of the influenza vaccine**Influenza vaccine cannot give you a dose of influenza because it contains no active virus. Some people who get influenza vaccine may still get the “flu” but they will usually get a milder case than those who were not vaccinated.

**Common side effects of the vaccine**

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| --- | --- |
| Pain, redness and swelling at the injection site | |
| Low grade temperature |  |
| Muscle aches | |
| Drowsiness or tiredness | |
| A temporary small lump at the injection site | |

If mild reactions do occur, they may last one to two days.

**Side effects can be reduced by:**

* Placing a cold wet cloth on the sore injection site
* Drinking extra fluids and not overdressing if the person has a fever
* Taking paracetamol to lower fever

**Extremely rare side effects**

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| --- |
| Severe allergic reaction: If reactions are severe or persistent, or if you are worried contact your doctor or hospital |

*The above information has been extracted from the Department of Health – “Influenza Immunisation information” brochure June 2011.*

For further information visit: <https://www.betterhealth.vic.gov.au/health/HealthyLiving/flu-influenza-immunisation> or [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)