INFLUENZA VACCINE CONSENT FORM

yarra. FAMILY, YOUTH & CHILDREN'S SERVICES

Organisation:

Surname:

First name:

Gender: ☐ Female ☐ Male ☐ Other ☐ Prefer not to say

Date of Birth:

Medicare Number: Reference number next to name

Address:

Suburb: Postcode:

Email:

Mobile #:

Pre Immunisation Questions:

Are you of Aboriginal or Torres Strait Islander origin?	Yes ☐	No ☐
Are you unwell today? ie have a temperature over 38.5° C?	Yes ☐	No ☐
Are you 65 years or older?	Yes ☐	No ☐
Are you pregnant?	Yes ☐	No ☐
Do you have a history of Guillain-Barre syndrome?	Yes ☐	No ☐
Do you have any medical conditions such as lung or heart disease, neurological conditions (eg MS), diabetes, lowered immunity, cancer?	Yes ☐	No ☐

Do you have any allergies? If yes,

Have you experienced any problems following vaccinations? If yes,

I have read and understand the information given to me about the influenza vaccine, including the risks of not being vaccinated and the side effects of vaccines. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

Signature: Date:

Yarra's Privacy Statement: The collection and handling of personal information is accordance with Council's Privacy Policy which is displayed on Council's website and available for inspection at, or collection from Council's customer service centre(s). Your personal information and your child's personal information is recorded for the purpose of promoting compliance with the immunisation schedule as defined by the National Health and Medical Research Council and in accordance with the Privacy and Data Protection Act 2014 and Health Records Act 2001 and for no other purpose. The Australian Immunisation Register (part of Medicare Australia) will receive a record of all immunisations given by the provider. The information may be disclosed as required by law or to another council, GP or Maternal & Child Health Nurse with your consent.

Office Use Only:

Vaccine: Batch#: **Site: Arm** **Immuniser: Name/Signature:**