



FLU IMMUNISATION CONSENT FORM

Please read the immunisation information before completing this consent form.

Medicare Number

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Family Name _____ First Name _____

Address : _____

Employer: _____

Date of Birth __ / __ / __ Male Female

Are you of Aboriginal or Torres Strait Islander origin? Yes No

If any of the following apply to you please inform the nurse prior to your vaccination.

- Do you have chronic heart disease, lung disease, neurological condition, diabetes or impaired immunity?
- Are you pregnant?
- Are you 65years or older?
- Are you unwell today? (temp over 38.5 C)
- Do you have any allergies ?
- Have you ever experienced any problems following vaccination?
- Have you ever had Guillain Barre syndrome?

Information regarding influenza is available at www.betterhealth.vic.gov.au

I have been given the opportunity to discuss the risks and benefits with my nurse. I consent to be vaccinated against Influenza.

Signature : _____ Date ____ / ____ / ____

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Privacy Statement

** The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and the Commonwealth Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting City of Yarra Immunisation Service.