



# Influenza Vaccination Consent Form



For the individual to complete all sections above the blue line:

First or given name(s)

Surname or family name

Name of your Organisation / Company

Your Date of Birth (Day / Month / Year)

Name of your Doctor / G.P.

Are you: Left Handed ☐ or Right Handed ☐

Influenza vaccination should **not** be given if you have:

- x Acute respiratory illness or a high fever
- x Previous hypersensitivity to this, or other vaccines
- x Hypersensitivity to neomycin, polymyxin, gentamicin, formaldehyde, or, any other vaccine ingredient

Please answer the following questions:

Yes / No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to any fowl protein (including eggs, chicken meat and chicken feathers)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an anaphylactic reaction from any cause?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any allergies? If so please list: _____                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a serious reaction to an immunisation?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bleeding disorder (e.g. haemophilia)?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medication? If so please list: _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you, or have you had, Guillian-Barre Syndrome (paralysis problem)?                   |

Normal and expected side effects from this vaccination that may last up to a few days include:

- Usually; redness and tenderness at the injection site for 24 to 48 hours.
- Occasionally; mild fever, muscle aching and headache within 48 hours.
- Very rarely; allergic reaction can occur almost immediately and in most cases can be managed by the nurse provided that you remain under observation for 20 minutes after the vaccination.

*I acknowledge that I have been advised by Onsite Health to remain under observation for 20 minutes after receiving the vaccination. If I decide to leave prior to that 20 minute wait period being completed, I acknowledge and accept full responsibility for my actions and any consequences that may result.*

*I have read and understand the above information and confirm that my answers are correct.*

*I consent to receiving the influenza vaccination from Onsite Health.*

*I consent that the information in this consent form may be provided by Onsite Health to my employer (details recorded above) to be held by them in my employment records and to be used by them for their administrative purposes.*

*I consent that the information in this consent form may be provided by Onsite Health to my doctor or other health care provider to be held by them with my medical records.*

*I understand that I have the right to request a copy of any information that Onsite Health holds about me and that I can ask Onsite Health to update any of that information at any time.*

Signed

Date

## FOR THE VACCINATOR TO COMPLETE:

Date administered (if different from above) (Day / Month / Year) \_\_\_\_\_

Administration site (Left arm unless specified): Left Arm ☐ Right Arm ☐ Other ☐

Nurse initials (if multiple nurses): \_\_\_\_\_ Route (if not I/M or S/C) \_\_\_\_\_

Batch Number  
and  
Expiry Date Sticker



**To be given to  
your Doctor**



NAME

VACCINATION DATE

I have received the **influenza vaccination** from  
**Onsite Health Ltd.** [www.onsitehealth.co.nz](http://www.onsitehealth.co.nz)

Most people tolerate the flu vaccine very well. After-effects that people do report are usually mild and only last for a short time. These effects are caused by your body's normal response to immunisation. If any symptoms persist beyond 1-2 days, or become severe, you should talk to your doctor or practice nurse.

Sometimes adults might feel some of the following after-effects that may last for 1-2 days:

- Soreness or redness at the injection site.
- Feeling unwell or tired.
- Having a mild fever or aching muscles.

Things you can do:

- Place a cool flannel at the site of the injection.
- Take Paracetamol.
- Drink extra fluids.