Influenza Vaccination Consent Form

FluVac Mobile Flu Vaccine Service

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

First or given name(s)

Surname or family name

Name of your Organisation / Company

Date of birth (Day / Month / Year) / /

Home address (street number, street name and suburb)

Mobile Phone Number

Name of your Doctor / Medical Practice where you see a Doctor

NHI Number (if known)

Please answer the following questions. Indicate with a tick (✔) beside your answer.

Are you: Left Handed ☐ Right Handed ☐

Yes / No

☐ ☐ Have you ever had an anaphylactic reaction from any cause?

If so please list: _____

☐ ☐ Have you ever had a serious reaction to an immunisation?

☐ ☐ Do you have an acute illness with a high temperature?

☐ ☐ Do you have an allergy to any medicine or vaccines?

If so please list: _____

☐ ☐ Do you have a hypersensitivity to neomycin, polymyxin, gentamicin, or, formaldehyde?

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 vaccinator provided that you remain under observation for 15 minutes after the vaccination.

I acknowledge that I have been advised by Onsite Health to remain under observation for 15 minutes after receiving the vaccination. If I decide to leave prior to that 15 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, and added to the Aotearoa Immunisation Register (AIR).
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 ☐

Vaccinator initials (if multiple vaccinators):

Batch Number and Expiry Date Sticker

To be given to your Doctor

FluVac Mobile Flu Vaccine Service

NAME

VACCINATION DATE / /

I have received the **influenza vaccination** from **Onsite Health Ltd.** 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.