

Influenza Vaccination Consent Form

This form records your consent to have an influenza immunisation

Person details

First name: Surname: Date of birth:

Gender: SSD number: EMIS number (office use):.....

Name of Guardian/person with authority to consent: (if applicable):

If any of the following apply, please advise the vaccinator:

- Currently unwell with high fever
- Allergic to any food or medicine
- Taking blood thinning medication or have a bleeding disorder
- Had a severe response to an influenza immunisation in the past

Possible responses to influenza immunisation

Influenza immunisation is usually well tolerated. Possible responses include pain, redness and/or swelling at the injection site for a day or two; a mild fever, muscle aches or headache within the first two days. Rarely, an allergic response can occur.

The immunised person should remain under observation in case of an allergic reaction for 15 minutes.

Influenza immunisation does not protect against other respiratory viruses such as the common cold. Talk to your healthcare professional about the benefits and possible risks.

The vaccination details will be recorded on EMIS, the electronic notes at your Doctors.

Consent statements:

I have read or have had explained to me information about influenza immunisation, including how long to wait after the immunisation.

I understand that I can ask the vaccinator questions about the immunisation.

I believe I understand the benefits and possible risks of influenza immunisation.

I understand that influenza immunisation is a choice.

I consent to the influenza immunisation being given.

For more information see: <https://www.gov.je/Health/ImmunisationsAndVaccines/Flu/Pages/index.aspx>

Signed:

Date:

Signed by Guardian/person with authority to consent (if applicable):

Relationship to the patient:

| Vaccination record (clinical use only) | |
|--|--------------------------------------|
| Vaccine: | Left arm / Right arm (please circle) |
| Batch number: | Expiry date: |
| Vaccinator name: (print) | Vaccinator signature: |