



## Minto Medical Centre

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### ADMIN STAFF ONLY – Patients are not to complete

#### ☐ Eligible FREE Flu Shot

- ☐ Age 6 Months - Under 5yrs
- ☐ Medical Cond (as marked below)
- ☐ Over 65 Years
- ☐ Aboriginal / Torres Strait Islander

#### ☐ PRIVATE

- ☐ \$15 PAID

## Flu Vaccine Consent Form

Before agreeing to receive the flu vaccine, please read the Consumer Medicine Information (CMI).

The CMI is available from the vaccine Officer.

Please fill in medical history form and return to the practice. Please phone prior to arriving to check Doctor's availability. The Doctor will read the medical notes and perform a health check, then the flu vaccination will be administered by the Treatment Room Nurse.

### Medical History

Please answer the questions below to allow us to assess your suitability to receive the flu vaccination

1. Have you ever received a Flu vaccination? YES NO (If yes) When? \_\_\_\_\_

**\*\*Please be aware if child is under 8 years and this is their First Flu Shot, a Second Flu Shot will be required in 4 weeks\*\***

- |  |     |    |
|--|-----|----|
| 2. Have you ever experienced any problems after receiving a flu vaccine or any vaccine in the past?  | YES | NO |
| 3. Are you allergic to eggs or egg products?   | YES | NO |
| 4. Have you had any severe allergies (to anything) in the past?  | YES | NO |
| 5. Do you have a high fever or are you currently unwell  | YES | NO |
| 6. Do you have a history of Guillain Barre Syndrome?   | YES | NO |
| 7. Are you allergic to Neomycin or Polymyxin?  | YES | NO |
| 8. Do you have any medical conditions that the Nurse/ GP should be aware of prior to you receiving a vaccination (such as, a chronic illness, bleeding disorder, do not have a functioning spleen)   | YES | NO |
| 9. Are you currently pregnant?   | YES | NO |
| 10. Are you currently breastfeeding?   | YES | NO |
| 11. Are you over 65 Years of Age?  | YES | NO |
| 12. Are you an Aboriginal / Torres Strait Islander   | YES | NO |
| 13. Do you have any of the following: (Please Circle)<br>Chronic Severe Respiratory Conditions (including asthma) / Cardiac Disease / Chronic Neurological conditions / Diabetes / Low Immunity / Cancer / Chronic disease / Taking biological treatments? | YES | NO |
| 14. Have you had any other Vaccinations in the past 14 days?<br>(If Yes) When _____ What Vaccinations? _____   | YES | NO |

The flu vaccine is very safe and generally people have no reaction. The most common side effects are tenderness, swelling and redness at the site of injection which usually disappears within a few days. A small percentage of people may experience a mild fever and feel unwell for a few days – this is not the flu. These symptoms clear up within a few days.

*It is recommended that all people who receive the flu vaccination **remain in the vicinity for 15 minutes** in case of an allergic response.*

I have read and understood this information and the consumer Medicine information for this vaccine.	YES	NO
I consent to receiving a flu vaccine injection.	YES	NO

Name of Patient \_\_\_\_\_ D.O.B DD/MM/YYYY

Phone: \_\_\_\_\_ Employer \_\_\_\_\_

Signature \_\_\_\_\_ Date DD/MM/YYYY Batch No. \_\_\_\_\_