

FLU VACCINATION QIVe CONSENT FORM 2023

IMPORTANT - THIS FORM SHOULD NOT BE COMPLETED PRIOR TO THE DAY OF YOUR VACCINATION

Please read this document carefully and clearly indicate the relevant answer to each question by marking with an X. Please bring a drink of water and if possible wear clothing with sleeves that can be comfortably rolled up to the top of the shoulder to allow the nurse access to the deltoid muscle in your upper arm.

Your Details

Your Name _____

Employer Name _____

Work Post Code _____

Medical Protocol – Influenza Vaccination

IMPORTANT - most people can safely receive the flu vaccination, however, some people cannot. You should **NOT** be vaccinated if:

- You are ill with a fever on the day of vaccination.
- You have a known allergy to chicken or hens' egg products. Refer to your GP for alternatives.
- You have had a confirmed anaphylactic reaction to a previous flu vaccination or an allergic reaction to any component of the vaccine.
- You are aged 65 or over, this is because the QIVe vaccine is NOT the optimal flu vaccination for your age group. Refer to your GP/Pharmacist for alternative.
- You are pregnant. Flu Xpress is an Occupational Health service provider therefore does not administer the flu vaccination to those who are pregnant. Refer to your GP/Pharmacist for alternative.

→	Do you feel unwell or do you have a fever today?	Yes _____	No _____
→	Are you allergic to hens' eggs or chicken?	Yes _____	No _____
→	Have you ever had a reaction to a previous flu vaccine?	Yes _____	No _____
→	Are you allergic to Neomycin or Gentamicin?	Yes _____	No _____
→	Are you aged 65 or over (see note above)	Yes _____	No _____
→	Are you pregnant (see note above)	Yes _____	No _____

Declaration

By signing this form, I declare that I have answered NO to the above questions and thereby comply with Flu Xpress Ltd medical protocol for administration of flu vaccinations and that I consent to administration of a flu vaccination.

Signed _____ Date _____

If the answer to all the above questions is NO please bring your signed form with you to have your vaccination.

FOR COMPLETION BY THE NURSE ONLY

Nurse Name	Vaccination Date	Manufacturer
_____	_____	_____
Injection Site	L _____ R _____	

Batch Number / Sticker

Place here