

FLU VACCINATION CONSENT FORM 2022

IMPORTANT - this form should NOT be completed prior to the day of your vaccination.

Please clearly indicate the relevant answer to each question by circling it with a ballpoint pen.

MEDICAL PROTOCOL - COVID-19

Do you have a raised temperature?

Yes / No

Do you have a persistent dry cough?

Yes / No

If the answer to any of the above questions is YES, please do NOT attend the nurse consultation; you will NOT be vaccinated. Please report it immediately to your supervisor, line or HR manager who will advise you further in accordance with your organisation's Covid-19 Risk Management protocols.

MEDICAL PROTOCOL - INFLUENZA VACCINATION

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

- you have a known allergy to chicken or hens egg products. Refer to your GP for alternatives.
- you are ill with a fever on the day of vaccination.
- 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 quadrivalent vaccine is NOT the optimal flu vaccination for your age group. Refer to your GP/Pharmacist for alternative.
- You are pregnant. Flu Xpress Ltd is an Occupational Health service provider therefore does not offer the flu vaccination to those who are pregnant. Refer to your GP/Pharmacist for an alternative.

Are you allergic to hens' eggs or chicken?

Yes / No

Have you ever had a reaction to a previous flu vaccination?

Yes / No

Are you allergic to Neomycin or Gentamicin?

Yes / No

Are you aged 65 or over?(see additional note above)

Yes / No

Are you pregnant? (see additional note above)

Yes / No

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

YOUR SIGNATURE

PRINT NAME

DATE

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

FOR COMPLETION BY THE NURSE

NURSE NAME

ORGANISATION

POST CODE

DATE OF VACCINATION

BATCH NUMBER / STICKER

MANUFACTURER