



Kearns Medical Centre  
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ADMIN STAFF ONLY

**Eligible FREE Flu Shot**

- Age 6Months -5yrs
- Medical Cond
- 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? \_\_\_\_\_
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:  
 Chronic Severe Respiratory Conditions / Cardiac Disease / Chronic Neurological conditions / Diabetes / Low Immunity / Cancer / Chronic disease / Taking biological treatments (please circle)
14. Have you had any other Vaccinations in the past 14 days? YES    NO  
 (If Yes) When \_\_\_\_\_ What Vaccinations? \_\_\_\_\_

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. I consent to receiving a flu vaccine injection.

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

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

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