

UNSW INFLUENZA IMMUNISATION CONSENT FORM UNSW 2017

NAME: DOB:/...../.....
 PHONE: WORK LOCATION:
 Staff / Student ID: Student Residential Accommodation:

Please answer the following questions. They are used to identify any special need for the flu vaccine (1) or information or risks that we should discuss with you before you get the flu vaccine (2). On the back of this form you can read about side effects and sign the consent.

Please feel free to ask the Nurse if you have any questions. You can have your immunisation another day, or not at all if you are unsure.

Take time to read the Consumer Medical Information for Afluria Quad that is available.

In particular, please read the sections headed: *'Before you are given Afluria Quad* and *'Side-effects'*.

The information you provide is private and confidential and will not be used for any other purpose.

Each vaccine is only designed to give you immunity for 1 year – that is why it is necessary to have this vaccine, even if you had it last year.

The Afluria Quad influenza vaccine components for the Australian 2017 influenza season will contain the following:

A/Singapore/GP1908/2015 (IVR-180)A/Michigan/45/2015(H1N1)
 - like):

15 µg haemagglutinin per dose per dose

A/Singapore/GP1908/2015 (IVR-180) (A/Michigan/45/2015(H1N1) - like):

15 µg haemagglutinin per dose

A/Hong Kong/4801/2014 (NYMC X-2638) (A/Hong Kong/4801/2014 (H3N2) - like):

15 µg haemagglutinin per dose

B/Phuket/3073/2013 (B/PhukeU3073/2013I-ike):

15 µg haemagglutinin per dose

B/Brisbane/46/2015 (B/Brisbane/60/2008 - like):

15 µg haemagglutinin per dose

1. Tick yes or no		YES	NO
1	Over 65 years		
2	Pregnant		
3	Aboriginal, Torres Strait Islander		
4	Heart disease		
5	Asthma (requiring a preventer) or other Lung disease		
6	A chronic illness requiring follow up or hospitalisation in the last year.		
7	Disease of the nervous system (e.g. MS, stroke, epilepsy)		
8	Impaired immunity		
9	Diabetes		
2. Tick yes or no		YES	NO
1	Do you have an acute feverish illness at present?		
2	Have you previously been vaccinated with the influenza vaccine?		
3	Have you experienced any significant problems after vaccination?		
4	Are you allergic to eggs?		
5	Are you allergic to any of the following: neomycin, polymyxin, gentamicin or latex?		

6	Are you taking any medications? (Please circle) cortisone, steroid, dilantin (phenytoin sodium), immunosuppressive medication, warfarin, treatment for seizures/fits?		
7	Do you have any ongoing medical conditions?		
8	Have you ever had Guillian-Barre Syndrome?		
9	WOMEN ONLY: Planning pregnancy or breastfeeding?		

Possible side effects

Like all medicines, Afluria Quad can cause side effects, although not everybody gets them. The most common local side effects of Afluria Quad include:

- pain, tenderness, redness(erythema), swelling, bruising(ecchymosis) and hardness(induration) at the injection site
- Systemic side effects include:
- feeling unwell (malaise)
- muscle aches (myalgia)
- headache
- shivering
- fever
- irritability, abnormal crying, drowsiness, appetite loss, vomiting (in children)
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These side effects usually clear up within a few days. If events continue or become severe, please tell your doctor or pharmacist.

Other side effects not listed above have been reported occasionally with other flu vaccines and not directly with Afluria Quad

- inflammation of nerves leading to weakness, such as weakness of facial muscles (facial palsy) or visual disturbances (optic neuritis/neuropathy)
- fainting (syncope), dizziness,
- tingling or numbness of hands or feet (paraesthesia)
- temporary inflammation of nerves causing pain, paralysis and sensitivity disorders (Guillain-Barré syndrome GBS)
- fits (convulsions) with or without fever
- severe allergic reaction(anaphylaxis)
- temporary reduction in the number of blood particles called platelets (thrombocytopenia),swollen glands in neck, armpit or groin (lymphadenopathy)
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If any of the side effects gets serious or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

I have read and understand the above information and the information sheet and consent to receiving an influenza vaccine injection.

SIGNATURE.....

DATE.....

<p>FOR OFFICE USE ONLY</p> <p>INFLUENZA VACCINE GIVEN BY.....</p> <p>BATCH NUMBER</p> <p>DoHA or Private Supply (circle) Date</p>
