

TAC INFLUENZA VACCINATION CONSENT FORM 2020

SURNAME: FIRST NAME: Date of birth: .../.../...

CONTACT NUMBER: Male / Female

New Patient – I have not attended this clinic before

THE INFORMATION YOU PROVIDE IS PRIVATE AND CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

COVID-19 Screening – DO NOT ENTER THE BUILDING IF YOU HAVE:

- Fever, or Cough, or Shortness of Breath, or Sore Throat or Sneezing
- Had close contact with a confirmed Case of COVID-19 in the last 14 days.
- Returned from overseas in the last 14 days.

BEFORE YOU ARE IMMUNISED

IT IS IMPORTANT TO TELL THE IMMUNISER IF ANY OF THE FOLLOWING APPLY TO YOU

- You are 65 years or older (different vaccine used)
- You have an egg allergy (need to wait 30 minutes after immunisation)
- You are allergic to any component of the Flu vaccine
- You have a history of Guillain-Barre syndrome (GBS)

If you have ticked any box above, do not come to the clinic – email us staffcare.tac@barwonhealth.org.au to organise alternate arrangements

- I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION,
NONE OF THE CRITERIA LISTED ABOVE APPLY,
AND I CONSENT TO RECEIVING A FLU VACCINE INJECTION

SIGNATURE:

DATE:

OFFICE USE ONLY

GIVEN BY: CA ME

SITE: LEFT RIGHT

COMMENTS: