

Adult Influenza Vaccination Consent

Influenza vaccine contains inactivated virus and therefore cannot cause influenza.

PRE-IMMUNISATION QUESTIONNAIRE	
Medical records are stored electronically and are subject the data protection act 2018 which was signed into law on 24 May 2018 and changes the previous data protection framework, established under the Data Protection Acts 1988 and 2003	
Surname:	
Forename:	
Date of birth:	
Contact Tel No:	

Please answer all of the following questions:

1.	Have you ever had an allergic reaction to eggs?	Yes	<input type="radio"/>	No	<input type="radio"/>
2.	Have you ever had an allergic reaction to a vaccine, drug, food or contact allergy?	Yes	<input type="radio"/>	No	<input type="radio"/>
3.	Do you think you might be allergic to any of the ingredients listed in the information leaflet?	Yes	<input type="radio"/>	No	<input type="radio"/>
4.	Do you have any condition, or are you receiving any treatment which may reduce your immunity?	Yes	<input type="radio"/>	No	<input type="radio"/>
5.	Do you have a fever or infection at present?	Yes	<input type="radio"/>	No	<input type="radio"/>
6.	Are you on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab)?	Yes	<input type="radio"/>	No	<input type="radio"/>

Patient advised to stay in the vicinity of the clinic for 15 minutes post vaccination.

I have read the information sheet and consent to receive the vaccine:

Influenza	Signed (employee/patient):	Date:

For medical staff only

Vaccination delivery site:	<input type="checkbox"/> Rt Deltoid <input type="checkbox"/> Lt Deltoid <input type="checkbox"/> Other: _____
Route of Administration:	<input type="checkbox"/> IM
Administered by Nurse:	Name: _____ Signature: _____
Checked and co-signed by Nurse/Doctor:	Name: _____ Signature: _____
Date Administered:	