Consent for Flu Immunisation

DAREBIN IMMUNISATION SERVICE

Please write names as they appear on your Medicare card if you have one

First Name		**Surname**	
Preferred name		**Date of Birth**	
Address			
Suburb		**Postcode**	
Gender		**Mobile Number**	
Medicare Number		**Individual reference number (beside name)**	

PRE-IMMUNISATION CHECKLIST

	Yes	No
Are you ***unwell*** today? Do you have a fever of >38.5 degrees Celsius?		
Are you ***pregnant***? (flu vaccine is recommended at any stage of pregnancy)		
Are you of ***Aboriginal*** *or* ***Torres Strait Islander*** descent? (circle as applicable)		
Are you ***65 years of age*** or older?		
Do you have any ***medical condition/s*** that the nurse should be aware of prior to you receiving this vaccine? (e.g. chronic illness, diabetes, bleeding disorder, currently immune compromised, do not have a functioning spleen)		
Have you received a flu vaccine in ***previous years***?		
Do you have a ***severe allergy***? (food/medication)		
Have you had a ***severe reaction (including anaphylaxis)*** following ***any vaccine?***		
Do you have a history of ***Guillain-Barre syndrome***?		
I am aware that I need to ***wait for 15 minutes*** following immunisation		

Other Vaccines: _____

DECLARATION OF CONSENT

- **I have read and understood the information regarding flu vaccine (overleaf).**
- **I have the opportunity to discuss medical concerns with a Nurse before immunisation.**
- **I consent to receiving the flu vaccine today.**

Signature: ..... **Date:**.....

If under 18 — Parent/Guardian name:.....

OFFICE USE ONLY				
PAYMENT TYPE: EFTPOS PREGNANT INVOICE ATSI DAREBIN MED CON OVER 65	**Workplace Name:** **St Bernards Primary School THURSDAY 1ST MAY 2025**	**Time & Date:**	**Nurse:** **L / R**	**Vaccine Batch No.:**

AFTER YOU RECEIVE THE FLU VACCINE

- The flu vaccine does not contain any live virus – you cannot get the flu from receiving the vaccine.
- The vaccine is generally well tolerated.
- Like all medicines, vaccines may have side effects. Some pain, redness and swelling at the injection site is common.
- Some people may experience mild fever, muscle aches and/or tiredness for 1-2 days after vaccination.

PRIVACY STATEMENT

The personal information collected today will be used by City of Darebin and the Victorian Government for the purpose of providing immunisations and recording immunisation history in accordance with their respective privacy policies. The information may be disclosed as required by law or to another Council, Immunisation Provider, GP or Maternal & Child Health Nurse.

The Australian Immunisation Register (part of Services Australia) will receive a record of all immunisations given by the provider as required by law.

The City of Darebin privacy policy can be viewed at www.darebin.vic.gov.au/privacy-statement

The Victorian Government privacy collection notice can be viewed at portal.cirv.vic.gov.au/communityprivacycollection/

The Privacy Policy for the Australian Immunisation Register can be viewed at health.gov.au/using-our-websites/website-privacy-policy/privacy-policy-for-the-australian-immunisation-register

Paper copies of the above policies are available on request.