

## Influenza Vaccination Consent Form 2024-2025

I can confirm that by completing and signing this form, I have read or been informed about the Influenza Vaccine 2024-25. I have been given the opportunity to ask any questions and I consent to having the Influenza Vaccine 2024-25.

<b>Print Name:</b>	<b>Date of Birth:</b>
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<b>Please answer the following questions. If you answer YES to any question you MUST consult with a physician. The Influenza Vaccination may not be safe to receive.</b>	Yes	No
Have you ever had an allergic reaction to an Influenza Vaccine before?		
Do you have an allergic reaction to eggs, chicken, down, feathers or gelatin?		
Do you have an allergy to Latex or Thimerosal?		
Have you ever been diagnosed with Guillain Bare Syndrome (GBS) or have a Blood Disorder (Haemophilia etc)?		
Are you currently feeling ill or suffering from a fever?		
Are you currently pregnant or is there any possibility of being pregnant?		

Signed by Vaccine Recipient:

<b>Signature</b>	<b>Date</b>
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For Office Use:

Vaccination Manufacturer:	Injection:
Lot Number:	Administered By:
Expiration Date:	Practitioner Title:
Dosage:	Date Administered:

Clinic Name, Address, Contact Number and Stamp.