

Influenza Pre-Screening Questionnaire

Section 1: Information about Vaccine participant - (please print)

First Name:		Surname:	
Date of Birth:		Contact Number:	

Section 2: Screening for Vaccine Eligibility – (please mark the corresponding boxes that apply to you)

Please answer the questions below to allow us to assess your suitability to receive the flu vaccination today.

	YES	NO
1. Are you of Aboriginal or Torres Strait Islander descent?		
2. Are you unwell today?		
3. Do you have a disease that lowers immunity (Cancer, HIV)?		
4. Are you having treatment that lowers immunity (Steroids, Radiotherapy and/or Chemotherapy)?		
5. Do you have an allergy to eggs? *Influenza vaccines contain an egg protein		
6. Have you ever had a severe reaction following a vaccine?		
7. Do you have any allergies? If yes, what?		
8. Have you had any vaccine within the last month?		
9. Have you had immunoglobulin or whole blood transfusion within 3 months?		
10. Do you have a Chronic Illness? if yes, what?		
11. Do you have a bleeding disorder?		
12. Do you have a past history of Guillain-Barre syndrome?		
13. Are you taking the following medications? Warfarin Theophylline, Penytoin, Penobatbitone or Cabamazepine?		
Women Only:		
14. Are you currently pregnant or breast feeding?		

Section 3: Patient Signature & Consent

The flu vaccine is very safe and generally people have no reaction. The most common side effects are tenderness, swelling and redness at the injection site which usually disappears within a few days. A small percentage of people may experience a mild fever and feel unwell for a few days – this is not the flu. These symptoms clear up within a few days.

It is recommended that all people who receive the flu vaccination remain in the vicinity for 15 minutes in case of an allergic response.

I have read and understood this information and the Consumer Medicine Information for this vaccine. I consent to receiving a flu vaccine injection.

Signature of Patient: X _____ Date: _____

Date Given:	/	/	Vaccine Given By:	JN / MH / JW / SW / DJ	or other:
Site - Deltoid:	L / R	Batch Number:	Checked by:	JN / MH / JW / SW / DJ	or other: