

Erskineville Doctors - Flu vaccine checklist

Please read and **call before your appointment** if you answer YES to questions 2-7. You will need to discuss with our doctor or nurse:

- | | |
|---|--|
| 1. Have you had a flu vaccine before? | yes/no |
| 2. Have you had anaphylaxis following a flu vaccine? | Yes/no |
| 3. Have you had any severe reactions to any vaccines? | yes/no |
| 4. Have you had an anaphylactic reaction to egg? | Yes/no |
| 5. Have you ever had Guillain-Barre syndrome? | yes/no |
| 6. Do you have a latex allergy? | Yes/no |
| 7. Are you receiving immunotherapy for cancer ? | If yes, please discuss with your Oncologist. |

Possible side effects of flu vaccine are:

- ☐ swelling, redness, pain at injection site (about 10%)
- ☐ Fever, tiredness and muscle aches (1-10%).

Effects may last 1-3 days. You can treat with paracetamol, or call us if concerns.

Serious side effects are rare. In 2019, 93.9% of people that participated in an SMS survey reported no adverse events following immunisation. Of the 6.1% of people that reported an adverse event the majority were generally mild and short lived.

I consent to administration of influenza vaccine for myself

or my child _____

Signed _____

Date _____