

## Influenza Vaccination Declaration Form 2020 -65

<b>Last Name :</b>	<b>First Name:</b>
<b>Employee/Clock Number :</b>	<b>D.O.B. :</b>
<b>Employer:</b>	<b>Medicare Number:</b>

### Questions:

- 1) Do you have a severe allergy to eggs? This would include swelling of the lips or tongue or respiratory distress on ingestion of eggs. ☐ Yes ☐ No
- 2) Are you suffering an acute illness with fever (>38.5°C) at present? Minor illness with/without fever does not contraindicate vaccination. ☐ Yes ☐ No
- 3) Have you ever had a severe adverse reaction to the influenza vaccine in the past? ☐ Yes ☐ No

If YES please describe: .....

- 4) Have you ever felt faint or fainted after an injection or giving blood? ☐ Yes ☐ No
- 5) Do you have a history of Guillain-Barre syndrome? ☐ Yes ☐ No
- .....

### CONSENT

**YES** ☐ I consent to receive the influenza vaccination.

I also understand that I must stay within the immediate vicinity of the health professional/vaccinating staff for 15 minutes after my vaccination.

**Signature: - ..... Date: - ...../...../ 2020**

### For Office Use Only

### Administration:

Vaccine:	Given by:
Batch No:	Site:
Exp. Date:	Note:
Date:           /...../2020	AIR:

### REFUSAL

**NO – I choose not to participate in the vaccination program because: (please complete below)**

- ☐ I have had a previous medically confirmed, serious allergic reaction to an influenza vaccine or component of the influenza vaccination
- ☐ other, please specify: .....

*I am aware of the potential risks my non participation in seasonal influenza vaccination may pose and that non-participation will require my employer to manage me as unprotected from seasonal influenza. By electing not to receive the vaccine I understand that in the event of an influenza outbreak in my workplace I may be redeployed out of my current workplace as well as be required to wear a mask for the duration of the influenza outbreak.*

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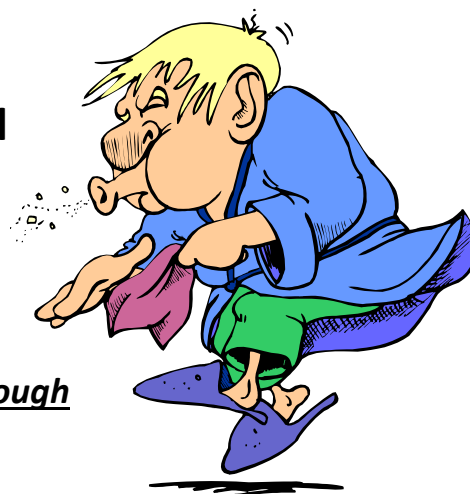
Signature: - .....

Date: - ...../...../ 2020

**Influenza is a serious infection and vaccination is the best defence and will protect you, your family and your work mates.**

**ALL staff will be offered vaccination.**

**The most effective way to prevent influenza is through vaccination.**



**Here are some things to keep in mind:**

- The vaccine does not contain any live viruses and **cannot give you the flu.**
- Influenza (also known as the flu) is an infection caused by a virus.
- Influenza should not be confused with the common cold. Influenza can cause serious illness and in some cases leads to hospitalisation and death.
- Unlike the common cold, it may take several weeks to fully recover from the flu.
- You can be a carrier and spread severe illness to others including your family, the people you work with before you have symptoms and even if you never get sick.
- Vaccination provides protection for the whole season against most prevalent strains of influenza viruses.
- Side effects to the vaccine are generally mild and short lived. The most common is redness and/or swelling at the injection site.
- Other less common side effects can include headache, mild fever and sore muscles.
- **Severe adverse events such as hives and anaphylactic reactions are extremely rare.**
- The influenza virus changes each year which is why there is a different vaccine each year.

**The most effective way to prevent influenza is through vaccination.**

**Composition of the 2020 Quadrivalent influenza vaccine is: FluQuadri® (Sanofi Pasteur) and Afluria Quad® (Seqirus)**

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Switzerland/8060/2017 (H3N2)-like virus
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage)
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

**Vaccine immunity lasts for about one year. It is important to receive an influenza vaccine annually to maintain protection.**