Seasonal flu vaccine 2022/23 Consent form for use in General Practice/Community services for Adults with Capacity

Adults only over 18 for patients able to consent

Surname …….. Previous surname (if applicable)……

First name ……... DOB……

Address ……..

Contact No …….

Information for people having the flu vaccination *Please read on the day of vaccination*

- Your body will take up to 14 days to produce antibodies after the vaccination. The incubation period for influenza is a few days, so if you are exposed to influenza immediately before or after vaccination, you can still develop the illness. The vaccine will **not** protect you against the common cold, although some of the symptoms are similar.
- We advise that you read and retain the patient information leaflet given to you. Some people will be advised to remain in the area for a few minutes following vaccination.
- If you are a doctor or nurse or other health professional who would like a certificate of vaccination to use as evidence for revalidation, please ask the person giving your vaccine

SECTION 1. CONSENT TO VACCINATION

	Yes	No	
• Do you have any known allergies, e.g. eggs, antibiotics?	☐	☐	If yes, please give details …….
• Are you fit and well today?	☐	☐	
• Are you taking antibiotics or steroids?	☐	☐	
• Have you had the flu vaccine in the past?	☐	☐	
• Do you have any existing medical conditions?	☐	☐	
• I have read the information above	☐	☐	

If you have any of these conditions below, please tick the box.

• Pregnant	☐	• 50+	☐
• Obese	☐	• Epilepsy	☐
• Diabetes	☐	• Heart Disease	☐
• Kidney Disease	☐	• Neurological Conditions	☐
• Respiratory Disease	☐	• Immunosuppressed ie. Cancer	☐
• Learning Disability	☐	• Asplenia	☐
• Over 65	☐	• Carer	☐