

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - privacy@maroondah.vic.gov.au



Influenza Vaccine Consent Form

Flu is FREE for children aged from 6 months to under 5 years old (up to 4 years and 11 months), people aged 65 years and over, pregnant women, all Aboriginal and Torres Strait Islander people aged 6 months and older people aged 6 months and over with medical conditions predisposing them to severe influenza.

Office Use ONLY	
ImPs Client ID	

Client Consent Details (person being immunised)

First Name		Surname	
Date of Birth		Gender (Please circle)	Male Female
Medicare Card Number	_____ ref _____		
Address			
Suburb		Postcode	
Telephone			

Declaration (Please circle)

I have read and understood the information provided and give permission for _____ myself my child
to be immunised against seasonal influenza.

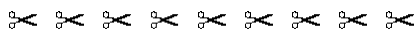
Name (please print) _____

Signature _____ **Date** ____ / ____ / ____
(if under age of 18, parent/guardian signature required)

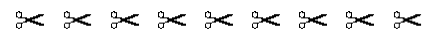
Please see the reverse side of this form for further information

IMMUNISATION USE ONLY

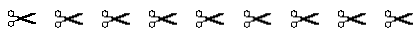
Dosage*	1 dose annually for persons 6 months or older		
Cost	\$ 27.00 per dose		
Client Eligibility* (Please circle) Please see reverse of this form for criteria	Free	Paid	
Cardholders Name			
Card Type (Please circle)	Eftpos	Visa	MasterCard
Receipt Number	Date	Amount Paid	\$



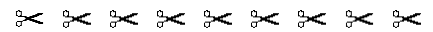
COUNCIL OFFICE USE ONLY



ABN 98 606 522 719	RC - VACFLU	Receipt Number		Amount	\$
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FOR CLIENT



Client Name:



Today you received a dose of the **Seasonal Influenza** vaccine from Maroondah City Council Immunisation Service. Please retain this receipt for your records.

Date Given:

Important: Post vaccination, it is recommended that you remain at the immunisation venue for 15 minutes and do not drive for 30 minutes.

Office Use ONLY	
Vaccine Brand	
(Please circle)	Free Paid

www.maroondah.vic.gov.au/immunisation

Important Questions (for person being immunised)

(Please circle)

1. Have you been vaccinated against the flu before?	Yes	No
2. Are you feeling well today?	Yes	No
3. Have you ever had a reaction to any vaccine?	Yes	No
4. Have you had a severe allergy to anything?	Yes	No
5. Have you had an allergic reaction to eggs?	Yes	No
6. Do you have Guillian Barre Syndrome?	Yes	No

IMPORTANT: If you answered 'yes' to questions 3, 4, 5 or 6 please consult with the nurse **before** being immunised.

Information: Eligibility for FREE Vaccines in Victoria

Vaccine	Criteria
Seasonal Influenza (Flu)	<ul style="list-style-type: none">• Aboriginal and/or Torres Strait Islander children aged 6 months to 5 years• Aboriginal and/or Torres Strait Islander persons aged 15 years or older• All adults aged 65 or older• All persons aged 6 months or older with a medical condition (as determined by the NIP)• Pregnant women during any stage of pregnancy
<p>* PLEASE NOTE: Under 9 year olds receiving influenza vaccine for the first time, require 2 doses at least 1 month apart in the same year.</p>	