



## **PATIENT INFORMATION AND CONSENT CHECKLIST**

### **FLU IMMUNISATION 2020**

1. Implied and Verbal Consent has been obtained YES/NO  
(The patient had capacity to consent, the consent was freely given, sufficiently specific to the immunisation procedure and was informed)
  
2. Patient has NO history of:
  - Anaphylaxis to fluvax or components
  - Current febrile illness
  - Guillain-Barre Syndrome
  
3. Patient was warned re common side effects including but not limited to mild fever/reaction at injection site/myalgia YES/NO
  
4. Patient was advised when to seek medical advice post-vaccination  
YES/NO