

2018 INFLUENZA VACCINATION QUOTATION REQUEST



**H Y D E P A R K
M E D I C A L C E N T R E**

ABN 35 339 948 132

175 Liverpool Street Sydney NSW 2000

P 9283 1234

F 9283 0303

E hpmc175@optusnet.com.au

W www.hydeparkmc.com.au

Before filling in this Quotation Request Form please read our [2018 Influenza Vaccination Request Form Info Sheet](#). Also check out the [2018 Influenza Fact Sheet](#).

Company Detail			
Company Name			
Address			
Suburb		Postcode	
Contact Person		Contact No	
Email			
Order Request – Please select your prefer option/s			
<input type="checkbox"/> On Site Visit		Number of Staff	
<input type="checkbox"/> Voucher		Number of Vouchers	

**PLEASE FAX YOUR ORDER FORM TO (02) 9283 0303 OR
EMAIL TO hydeparkmc175@outlook.com.au**

We will contact you upon receive of your request.

2018 INFLUENZA VACCINATION REQUEST FORM INFO SHEET

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Getting Flu Vaccine, How it works with us?

Hyde Park Medical Centre offers two ways to which we can help vaccinate your staff.

Option 1: We go to you – On Site Visit:

Option 2: You can purchase our flu voucher - Voucher.

How does the ON-SITE VISIT works?

1. Complete and fax/email Order Form to us.
2. We will contact you to organize the on-site appointment.
3. Your staff will print out and sign the 2018 Influenza Vaccine Consent form.
4. On the date of the appointment, our friendly staff will visit your nominated location to carry out the vaccination.
5. Note for absent staff, you can choose to purchase our flu vouchers.

How does the FLU VOUCHER works?

1. Complete and fax/email **Order Form** to us.
2. We will contact you to organise your purchase with us.
3. Once you receive the vouchers, you can issue them out to your staff.
4. Staff completes the consent form at the back of the voucher.
 - a. If the answers (except question 2) on the consent form are ticked “NO”, the staff can come into the medical centre ANYTIME with the voucher to have their flu vaccination. NO APPOINTMENT is required. They just need to produce the voucher with a Photo ID/Medicare Card.
 - b. Otherwise, they will need to make an appointment with our doctor and bring in their Voucher and Medicare Card on date of appointment.

2018 Influenza Fact Sheet

Hyde Park Medical Centre

QUADRIVALENT FLU VACCINE

- A (H1N1): An A/Michigan/45/2015

(H1N1) pdm09-like virus

- A (H3N2): An A/Singapore/INFIMH

- 16-0019/2016 (H3N2)-like virus

- B: A B/Phuket/3073/2013-like virus

- B: A B/Brisbane/60/2008-like virus

Clinical symptoms:

Adults

Symptoms

- *Fever and chills
- *Headache/ dizziness
- *Extreme fatigue
- *Muscle aches
- *Dry cough
- *Loss of appetite
- *Sore throat
(less common)
- *Runny nose
(less common)

Complications

- *Bacterial pneumonia
- *Bronchitis
- *Sinusitis
- *Dehydration
- *Heart and brain
inflammation (rare)

Children may also experience

Symptoms

- *Nausea
- *Vomiting
- *Diarrhoea

Complications

- *Bacterial pneumonia
- *Otitis media- ear
infection
- *Worsening of chronic
medical conditions
- *Febrile convulsions

Fever typically lasts for 3-4 days.
Cough and malaise can last up to 2 weeks.

Infectious period: Adults are infectious for up to 6 days.

Children are infectious for up to 7-10 days.

Transmission is by respiratory droplet spread: coughing, sneezing and direct contact.

Prevention: *Flu Vaccine is available every year in March. It covers Influenza A and B.*

The Government subsidies for patients:

65yo and above.

Aboriginal and Torres Strait

Islander >>15yo. Recommended

for anyone older than 6 months old with conditions predisposing to severe influenza.

E.g.: Diabetes, asthma, heart disease, smokers with lung disease.

Healthcare workers.

Pregnant women

Corporate: Data collected by vaccine companies shows a reduction in employee absentee days resulting from influenza. This can improve staffing and avoid financial strain over the winter Flu season.

Contraindications:

If you have a severe allergy to egg proteins and suffer anaphylaxis, lip and tongue swelling, breathing difficulty or collapse in response to these proteins, seek medical advice regarding this vaccine.

If you're already ill with a fever (temperatures above 37.5deg), or have previously suffered from Guillain-Barre syndrome (GBS), you should discuss vaccination with your doctor.

Adverse Effects of Vaccine:

Localised swelling, pain, redness and induration may occur. Fevers, tiredness and muscle aches can occur in 1-10% of patients lasting 1-2 days. Some patients may experience allergic reactions, usually related to latent egg protein allergies.

Treatment: Rest, drink plenty of fluids and take medications for pain and fevers.

See your Doctor regarding antiviral treatment e.g.: Tamiflu. These should be given within the first 48hrs- the earlier the better. Doctors can also monitor for complications like pneumonia.

Disclaimer: This article is written for information purpose only. It does not substitute a consultation. If you are unwell, please seek medical attention.



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Consent Form ~ Influenza Vaccine 2018 CORPORATE

Company:-----

Name: _____

Date of Birth _____

Before consenting to receiving the influenza vaccination, please read the "Influenza Information Sheet" provided on our website www.hydeparkmc.com.au. Please read the questions below and if you answer yes to any of the questions please book in with our Doctors and bring your Medicare card. Otherwise our nurse will give you the vaccine. You will be required to sit in the waiting area 10 minutes after your vaccination as per vaccination standards.

Questions for discussion *(Please tick appropriate boxes)*

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Do you have an acute feverish illness at present? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Have you experienced any significant problems after vaccination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Are you allergic to eggs or chicken feathers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Are you allergic to neomycin, polymyx or gentamicin (antibiotics)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Are you taking any oral cortisone, immunosuppressive medication or theophylline (for asthma), warfarin (blood thinner) or dilantin (for epilepsy)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Have you ever fainted when given an injection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | For Women: Are you pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Consent

I have read and understood the [2018 Influenza Fact Sheet](#) off the website.

I have been given the opportunity to discuss the risks and benefits with my immunisation provider. I consent to receiving the influenza vaccine injection and inclusion on staff data base.

Signature

Date _____, 2018