



Australian Government

Department of Finance

## FLU VACCINATION PROGRAM CONSENT FORM

### When should I use this form?

- This form must be completed before seeking reimbursement for the cost of the flu vaccine. Please note that it does not need to be signed for vaccinations administered at Parliament House.

### What should I do with this form?

- To receive reimbursement for the cost of the vaccine, scan and email a copy of the signed form and the receipt for the cost of the vaccine to:  
[MOPSWHS@finance.gov.au](mailto:MOPSWHS@finance.gov.au).

---

I understand that the cost of the flu vaccine may be reimbursed as part of a workplace vaccination program for employees who have **voluntarily requested to be vaccinated**.

I acknowledge and understand that I do not have to be vaccinated if I do not want to.

I confirm that I am aware of any potential risks resulting from the vaccine, including:

- **mild local reactions** at the injection site, including a lump (induration), soreness, redness and swelling;
- **more common reactions** that may include fever (> 37.5°C), headache, chills, malaise and myalgia; and
- **very rarely**, severe allergic reaction.

I acknowledge and accept that the Department of Finance has no responsibility in the event that I suffer any side effect resulting from the workplace vaccination program for employees.

Signature of employee:	
Printed Name:	
Date:	