

How to book an appointment for an Onsite Flu Vaccination Clinic?

1. Open the URL Link provided to you or Scan the QR Code.
2. This will take you to the Healthcare Australia Booking Page. Read the Privacy statement and vaccine information here and click Next.

Welcome to Healthcare Australia's 2024 Influenza Vaccination program

Phone: 1300 268 822

This system is used to book an appointment for a Healthcare Australia Influenza Vaccination service at your workplace.

* Fields marked with an asterisk must be completed

Step 1 - Info Step 2 - Location Step 3 - Details Step 4 - Consent Step 5 - Confirm Booking

About Your Vaccination

If your workplace is offering On-site vaccinations the appointment will take approximately 2.5 minutes.

Please note, there is a mandatory requirement for anyone who has received a vaccine to stay in the proximity of the vaccination service for 15 minutes after receiving the vaccination, so our nurses can effectively manage any adverse events following immunisation (AEFI).

If your workplace is offering Flu Vouchers they can be downloaded here in 3 simple steps – click next to get started.

Please find the production information and Consumer Medical Information down below:

FluQuadri Consumer Medical Information [here](#)

FluQuadri Product Information [here](#)

Influvac Consumer Medical Information [here](#)

Influvac Product Information [here](#)

You can access the Healthcare Australia Privacy statement [here](#)

Next ->

3. Select your workplace, a date and time and click next to continue to the next step.

Step 1 - Info Step 2 - Location Step 3 - Details Step 4 - Consent Step 5 - Confirm Booking

Location and Time

Select your State *
VIC

Select your location *
[Redacted]

Select your date *
Tuesday 30th April 2024

Select your time *
9:30 AM - Booking Available

< Back Next >

4. Enter your details in Step 3.

- Your first name, Surname, Email, Mobile and Date of Birth are required fields.
- Not all the AIR Information is required. Please select the option that applies to you in the drop-down box under “Do you have a current Medicare/IHI number?”

The screenshot shows a multi-step web form. The current step is 'Step 3 - Details'. The form is divided into two main sections: 'Personal Details' and 'AIR Information'. In the 'Personal Details' section, there are fields for First Name, Surname, Email, Confirm Email, Mobile Number, and Date of Birth. In the 'AIR Information' section, there is a dropdown menu for 'Do you have a current Medicare/IHI number?' which is circled in red. Below this are fields for Medicare Number, IHI Number, Home Address, suburb, Postcode, State, and Gender. At the bottom right, there are '< Back' and 'Next >' buttons.

The options are as follows and what is required:

- **Yes, I have Medicare Number.** You will need:
 - Your Medicare Card Number
 - Postcode
 - Gender
- **Yes, I have IHI (Individual Healthcare Identifier) Number.** You will need:
 - Your IHI Number
 - Postcode
 - Gender
- **No, I have neither.** You will need:
 - Home Address
 - Gender

Once you have filled out your details, click next.

5. Fill out the consent questions in Step 4 and click Next.

Step 1 - Info	Step 2 - Location	Step 3 - Details	Step 4 - Consent	Step 5 - Confirm Booking
General Screening Questions				
Do you currently have an acute illness (e.g. an infection)? *			<input type="radio"/> Yes	<input type="radio"/> No
Have you ever had a severe reaction after having a flu vaccine, or have a known allergy to any of the ingredients in flu vaccines? *			<input type="radio"/> Yes	<input type="radio"/> No
Have you ever had a severe reaction following any vaccine? *			<input type="radio"/> Yes	<input type="radio"/> No
Have you received any other vaccine in the past month? *			<input type="radio"/> Yes	<input type="radio"/> No
Do you have severe allergies to anything, including eggs, foods, preservatives or dyes, or the medicines neomycin, gentamicin or kanamycin? *			<input type="radio"/> Yes	<input type="radio"/> No
Are you taking prescription medicines like theophylline, phenytoin, phenobarbitone, carbamazepine or warfarin? *			<input type="radio"/> Yes	<input type="radio"/> No
Are you taking an immune checkpoint inhibitor for cancer, such as nivolumab, pembrolizumab or ipilimumab? *			<input type="radio"/> Yes	<input type="radio"/> No
Do you have a history of Guillain - Barre Syndrome (severe muscle weakness or paralysis)? *			<input type="radio"/> Yes	<input type="radio"/> No
Do you have a bleeding disorder? *			<input type="radio"/> Yes	<input type="radio"/> No

6. Read the terms and conditions, precautions, and side effects in Step 5 as shown below.

Step 1 - Info	Step 2 - Location	Step 3 - Details	Step 4 - Consent	Step 5 - Confirm Booking
Consent				
These terms apply to the administration to you of the Vaccination from an authorised nurse immuniser (nurse) for Healthcare Australia. By consenting to receive the Vaccination, you confirm that you have read and agreed to the following terms:				
I confirm and agree the following:				
<ol style="list-style-type: none">1. I am at least 18 years of age - If not my parent/guardian will sign on my behalf2. I understand that the vaccine is subject to availability.3. I have read the Consumer Medicine Information (CMI) sheet for this vaccination (Please see below)4. I have read and understand information on precautions, contraindications and side effects (listed in each CMI, see below), am aware of and accept any risks associated with the Vaccination and to my knowledge I do not suffer from any condition or circumstance that prevents me from having the Vaccination or makes it unsafe for me.5. I will answer truthfully if the nurse asks for specific information about my health, past vaccinations or other conditions that may affect my participation.6. I will immediately inform the nurse of any adverse changes I experience in the course of participating in the Vaccination or afterwards, including (but not limited to): discomfort, pain, dizziness, shortness of breath, wheezing, difficulty breathing, swelling of the face, lips, tongue or other parts of the body.7. I understand that as part of receiving the Vaccination, Healthcare Australia must securely submit a record of my Vaccination to the Australian Immunisation Register (AIR).8. I understand that my vaccination status may be shared with my employer or educational institution, if required by law.9. Healthcare Australia and its employees, agents, sub-contractors, directors and related bodies corporate will not be responsible for any injury, loss or damage you suffer from the Vaccination (except where liability cannot be excluded by law).				
Precautions and Contraindications				

7. Once you have read these, click “I confirm I have read, understood and agree to the Terms and Conditions and Privacy Statement” and Confirm Booking

I confirm I have read, understood and agree to the Terms and Conditions and Privacy Statement

[Confirm Booking](#)

8. Your booking will then be confirmed, and the details of your booking will be displayed. You will also receive an email with these details.

Step 1 - Info

Step 2 - Location

Step 3 - Details

Step 4 - Consent

Step 5 - Confirm Booking

Booking Confirmed

Your booking is now confirmed, a record has been sent to your email and SMS. Details are below:

Product: - 2024 Influenza Vaccination

Location: [REDACTED]

Room:

Date & Time: Monday 29th April 2024, at 9:15 AM

Please arrive 5 mins before your scheduled booking.

[Book Another Appointment](#)

9. If you are experiencing any technical difficulties, please give Healthcare Australia a call on 1300 268 822.