

Influenza Vaccine Informed Consent

Name: _____

Home Address: _____

Daytime Phone: _____ Age _____ Date of Birth _____

Health Insurance Plan: _____

Health Insurance ID Number: _____ Group No: _____

Please Review All of the Following:

1. If you are allergic to eggs, egg products, poultry or mercury (Thimerosal), you should **not** receive the flu vaccine.
2. If you are presently taking antibiotics for any active infections such as cold, upper respiratory infection, pneumonia, sore throat or fever, you should **postpone** the vaccine.
3. Immunization should be delayed in a patient with an active neurological disorder and **not** given to individuals who have a prior history of Guillain-Barre Syndrome.
4. Notify the administrator of the vaccine today if you are on any blood thinners, i.e. baby aspirin, aspirin or coumadin or if you are allergic to latex.
5. Injections will only be administered to those 18 years or older.

What are the Risks from the Influenza Vaccine?

As with any medication, there are some limited risks that serious problems could occur after taking this vaccine. However, the risks from the vaccine are considered by the CDC to be smaller than the risks from the disease. Most people who receive the influenza vaccine have no serious problems from it. Common side effects that do occur include: local redness or swelling at the injection site (*apply ice or even a can of cold pop to the injection site and keep your arm moving*), fever, muscle ache, headache (*take analgesic, i.e. Tylenol as directed*) or fatigue. This can occur within 6 hours after the injection and can last for one to two days. Unlike the 1976 Swine Flu Vaccine, recent influenza shots are made of a variety of dead viruses.

If you experience any significant reactions, please see your physician.

I have read or had explained to me the information above regarding the influenza vaccine. I have had a chance to ask questions and if asked were answered to my satisfaction. As with other vaccines, vaccination does not guarantee 100% effectiveness. I believe I understand the benefits and the risks of the influenza vaccine and request that it be administered to me or the person names below for who I am authorized to sign.

Signature _____ Date _____

Manufacturer _____ Lot # _____

Administered by: _____