



## Influenza Immunization Consent Form

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

UID# \_\_\_\_\_ Phone Number \_\_\_\_\_

Influenza (flu) is a respiratory disease caused by an infection with the influenza virus. The strains of influenza virus which causes illness may change from year to year; or even within the same year. People who get the flu may have fever, chills, headache, dry cough, and muscle aches; and may be sick for several days to a week or more. Most people recover completely. However, for some people, influenza may be especially severe, and pneumonia or other complications, including death, may occur.

The regular flu vaccine contains killed influenza virus of the types selected by the U.S. Public Health Service and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration. The types of virus included are those which have most recently been causing influenza. The vaccine will not give you flu because it is a killed virus vaccine. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals.

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm where the injection was given, or less frequently, possible fever, chills, headache, or muscles aches. These side effects usually last 24 to 48 hours. Most people who receive the vaccine either have no reaction or only mild reactions. There is a possibility, as with any vaccine or drug that an allergic or other service reaction, or even death, could occur.

<b>Please circle if you have any of the following:</b>	<b>Yes</b>	<b>No</b>
Are you presently ill or had a fever in the past 3 days?		
Do you suffer from immune deficiency disease?		
Do you have a clotting or bleeding disorder?		
Do you have any type of neurological disorder?		

<b>Have you ever had an allergic reaction to any of the following:</b>	<b>Yes</b>	<b>No</b>
Vaccines or immunizations?		
Eggs or egg products?		
Neomycin?		
Are you receiving steroids, chemotherapy or radiation therapy?		
Are you pregnant or nursing and infant		
Have you ever had Guillain Barre?		

If you have any of the above, please notify the staff or check with your physician before receiving the vaccine.  
***If you experience any significant reactions, see your physician.***

I have read the Vaccine Information Sheet (VIS) and had a chance to ask questions. I understand the benefits and risks of influenza vaccination and request the vaccine be given to me, or the person named below for whom I am authorized to sign.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Clinic Use:**

Name of Clinic: \_\_\_\_\_ Date of Vaccination: \_\_\_\_\_

Manufacturer/ Lot No/ Expiration Date: \_\_\_\_\_ Site of Injection: \_\_\_\_\_

Signature of Nurse: \_\_\_\_\_