

Influenza Vaccination Consent 2011

Influenza is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills headache, dry cough, or muscle aches. Illness may last several days or a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people. The elderly and those with diabetes or heart, lung, or kidney diseases may experience serious complications from becoming infected with the flu. The flu vaccine will not give you flu, because the vaccine is made from killed viruses. The vaccine is made from viruses selected by the US Public Health Service. Side effects of influenza vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches or muscular aches. These symptoms last up to forty-eight hours.

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child injectable influenza vaccination today.

Please circle your answers:

- Is the person to be vaccinated sick today? Yes No
- Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine? Yes No
- Does the person to be vaccinated have an allergy to latex? Yes No
- Has the person to be vaccinated ever had a serious reaction to the influenza vaccine in the past? Yes No
- Has the person to be vaccinated ever had Guillain-Barre syndrome? Yes No

Information about the person to be vaccinated

Last Name	First Name	MI	Birthdate	Age

"I have read or have had explained to me information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or to the person name below for which I am authorized to make this request. I have received the Influenza Vaccine Information Sheet."

Signature of person to receive vaccine or person authorized to make the request (legally authorized representative):

X _____ Date: _____

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 Site of Injection: R L Deltoid For Clinic/Office Use Only IM Lot Number _____

Name and Title of Vaccine Administrator: _____

Supervising Provider _____