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Consent to Immunize (Influenza Vaccine) for the 2020/2021 Flu Season

Patient's Name _____ Date of Birth _____

ALLERGIES _____ ☐ None

I have been given the vaccine information and have had an opportunity to ask questions. I understand the benefits and risk of vaccination as described. I request that the vaccination be given to me.

_____Date_____
Signature

Relationship to Patient (if signed by other than patient) _____

The following information will help us determine if today's vaccination is appropriate:			
Are you Sick Today?	□ YES	□ NO	□ Don't Know
Do you have allergies to medications, food or any vaccine?	□ YES	□ NO	□ Don't Know
Have you ever had a serious reaction after receiving a vaccination	□ YES	□ NO	□ Don't Know
Do you have long-term health problems with heart disease, lung disease, asthma, kidney disease, metabolic disease (eg diabetes), anemia or other immune system problems?	□ YES	□ NO	□ Don't Know
Do you have cancer, leukemia, AIDS, or other immune system problem?	□ YES	□ NO	□ Don't Know
Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	□ YES	□ NO	□ Don't Know
Have you had a seizure, brain or other nervous system problem?	□ YES	□ NO	□ Don't Know
During the past year, have you received a transfusion of blood or blood products or been given Immune (gamma) globulin or an antiviral drug?	□ YES	□ NO	□ Don't Know
For Women: Are you pregnant or is there a chance you could become pregnant during the next month?	□ YES	□ NO	□ Don't Know
Have you received any vaccinations in the past 4 weeks?	□ YES	□ NO	□ Don't Know

Injection Site: R/L Deltoid Thigh

place lot # here

RN Signature_____ Injection Date _____

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Influenza Vaccine "Flu Shot" Patient Informed Consent

THE FLU- Influenza (flu) is a respiratory infection caused by viruses. When People get 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.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with underlying illnesses, flu may be especially serious.

THE VACCINE- An injection of flu vaccine will not give you flu because the vaccine is made from killed viruses. The vaccine is made from viruses selected by the Public Health Service.

RISKS AND POSSIBLE SIDE REACTIONS- 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.

In 1976 some people who received the flu vaccine developed a rare, temporary paralytic disorder called Guillain-Barre Syndrome (GBS). Since then, there has always been a concern that GBS could occur from vaccines. Data suggests that there is no increased risk of GBS with this vaccine. The risk of influenza and its complications (including death) are far greater. However, we must inform you of the theoretical risk of GBS.

SPECIAL PRECAUTIONS-Persons who are allergic to eggs, chicken feathers or chicken dander should not receive this vaccine until they have consulted their personal physicians.

Persons with an active neurological disorder such as multiple sclerosis or a history of previous GBS should consult with their personal physicians prior to receiving this vaccine. Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past fourteen days should see their personal physician before receiving this vaccine.
If you have a reaction, see your personal physician immediately

IF YOU HAVE ANY QUESTIONS, PLEASE ASK OUR NURSE PRIOR TO INJECTION