



INFLUENZA VACCINE CONSENT FORM

NAME: _____ DATE : _____

ADDRESS: _____

PHONE NO.: _____ DATE OF BIRTH: _____

EMAIL: _____

Please circle which applies:

Are you ill today?	YES	NO
Are you allergic to egg, egg products, or thimerosal?	YES	NO
Have you ever had the flu vaccine?	YES	NO
If yes, have you had a severe reaction to a flu vaccine?	YES	NO
Have you had Guillian-Barre syndrome?	YES	NO
Are you allergic to latex?	YES	NO

Possible Reactions:

- Mild: Soreness or redness at the site of the shot Fever Body aches
- Severe: Acute allergic reaction – high fever, confusion, difficulty breathing, hives, and rapid heartbeat would occur within a few minutes of the shot.
- Guillain-Barre Syndrome – progressive muscle weakness and paralysis may occur a week after the vaccine. This occurs in 1-2 cases per million persons vaccinated.

Speak to your doctor if you are pregnant.

Influenza vaccine is indicated and recommended if your due date falls during the flu season (November to March).

Consent

I have read the current influenza vaccine information sheet. I have been provided an opportunity to ask questions about the disease and the treatment. I understand the risks and benefits of the vaccination. I understand that the vaccination I am to receive is single shot for adults and for children who have received a flu vaccine in the past.

I understand that it will not be fully effective for approximately two weeks. However, as with all vaccines there is no guarantee that I will become immune or that I will not experience side effects. I understand that one should not receive this vaccine if they have a severe allergy to eggs, have had a severe reaction to a previous influenza vaccine, or if they have had Guillain-Barre Syndrome. I hereby request the influenza vaccine for 2016-2017 flu season, be given to myself or the person for whom I am authorized to give consent.



Patient Signature: _____ Date: _____

Manufacturer: _____ Exp: _____ Lot #: _____

Dose 0.5cc IM Location: R L deltoid

Witnessed/Administered By: _____ Date: _____