

Group Immunization Influenza Vaccine Informed Consent Form 2008-2009

THE FLU – Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have a fever, chills, headache, dry cough, or muscle aches. Illness may last several days, 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 any individual getting the flu, but for the elderly and for people with diabetes or heart, lung, or kidney diseases, flu may be especially serious. Any person who wishes to reduce his/her chances of acquiring an influenza infection should receive the vaccine.

THE VACCINE – An injection of flu vaccine will not give you the flu because the vaccine contains only noninfectious viruses. The vaccine is made from viruses selected yearly by the U.S. Public Health Service. Vaccines will begin to provide an immunity after about one or two weeks, and immunity may decrease on average, after several months. Flu shots are not effective against all possible strains of influenza virus.

RISKS AND POSSIBLE SIDE EFFECTS – Side effects of the influenza vaccine are generally mild in adults and occur at low frequency. The flu shot may cause soreness for a day or two at the injection site and occasionally may cause fever or an achiness feeling for one or two days. Except for the 1976 swine flu vaccine, subsequent vaccines have not been clearly associated with an increased frequency of Guillain-Barre Syndrome. There is a possibility that allergic or more serious reactions could occur, such as hives, swollen lips or tongue, acute respiratory distress or collapse. However, these reactions are extremely rare.

SPECIAL PRECAUTIONS –

- Pregnant women should consult their physician before receiving the vaccine.
- Persons who are allergic to chicken eggs, or to any other components of the vaccine, including thimerosal preservative (mercury derivative), should not receive this vaccine until they have consulted their personal physician.
- Persons with acute febrile illnesses should not be vaccinated until their symptoms have subsided.
- Minor illnesses with or without fever, such as mild upper respiratory infection or rhinitis should not contraindicate the use of the vaccine.
- Persons with a past history of Guillain-Barre Syndrome should not be given the influenza vaccine.

If you have questions about influenza or the vaccination, please ask now or call your doctor before receiving the vaccine. If you have a reaction, please contact your personal physician immediately.

SEE REVERSE SIDE OF THIS FORM FOR VACCINE PERMISSION

PERSON TO RECEIVE INFLUENZA VACCINE:

Name (Please Print)

Date of Birth (Please Print)

Signature of Person To Receive Vaccine OR
If Person Is Not 18 Years Old, Parent Or Guardian Must Sign*

*Parent/Guardian will be responsible for any and all fees incurred for this vaccine.

NURSE USE ONLY:

Date of Vaccine

L or R Deltoid Muscle

Manufacturer & Lot #:

Company:

Signature of Nurse
