

INFLUENZA VACCINE CONSENT FORM 2022 – 2023

The Flu:

Influenza is a respiratory infection caused by viruses. When individuals get the flu, they may have fever, chills, headache, dry cough or muscle aches. Illness may last several days to a week or more, and complete recovery is usual. However, complications may lead to pneumonia, or even death in some people. Influenza infection can be especially serious for the elderly and persons who have chronic illnesses such as diabetes, heart, and lung or kidney disease.

The Vaccine:

An injection of the flu vaccine will not give you the flu because it is made up from inactivated viruses. It should prevent influenza in most cases, although this result cannot be guaranteed.

Risks and Side Effects:

There are certain risks and side effects associated with this vaccine including redness or soreness at the injection site, fever, and achy for one or two days, possible allergy or more serious reaction, or even death, as is the case in most drugs or vaccines. A rare complication of immunization of the flu vaccine is Guillain-Barre Syndrome which is a polyneuritis with progressive muscular weakness of extremities that may lead to paralysis.

SPECIAL PRECAUTIONS

- Children under three years of age and pregnant women should consult with their personal physician before receiving the vaccine.
- Persons who are allergic to eggs, chicken, and Gentamicin should not receive this vaccine until they have consulted their personal physician.
- Each 5 ml. multi-dose vial of influenza vaccine contains 25 micrograms of Mercury as a preservative. The pre-filled syringes and single dose vials do not contain a preservative. If you have a known sensitivity to Mercury or have a history of demonstrative inability to tolerate even small amounts of Mercury, then you should consult the Texas Department of Health for advice before taking the influenza vaccine.
- Persons with fever or acute illness now or within the past 48 hours should not receive this vaccine.
- Persons who have received another type of vaccine within the past fourteen days should consult their physician prior to receiving flu vaccine.
- Persons who have a bleeding disorder or persons who are on anti-coagulant therapy should not receive this vaccine unless the benefits clearly outweigh the risk of administration.
- Persons who have had previous adverse reactions to flu vaccine should consult their physician prior to ever having another flu shot.
- If you have a reaction after receiving the vaccine, consult your physician immediately.
- If you have any questions about flu vaccine, please ask now, before you sign this form.

| | | |
|---|-----|----|
| Do you have fever or acute illness now or within the last 48 hours? | YES | NO |
| Have you had any other type vaccine within the last 14 days? | YES | NO |
| Have you had previous reactions to flu vaccine? | YES | NO |
| Have you had an allergic reaction to Thimerosal or Mercury? | YES | NO |
| Have you had an allergic reaction to Gentamicin? | YES | NO |
| Are you pregnant? | YES | NO |
| History of seizures, epilepsy, or febrile seizures? | YES | NO |

I have read the above information and I have had the opportunity to ask questions. I fully understand the benefits and risks of the vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign.

PERSON TO RECEIVE VACCINE:

Print Name: _____ **Date of Birth:** _____ **Age:** _____
Home Phone: _____ **Cellular Phone:** _____
Address(city,state,zip) _____

Signature of Person to Receive Vaccine or Parent/Guradian **Date:** _____

Signature of Witness (Nurse or Medical Assistant) **Date:** _____

Temperature: _____
Site: _____
Dose: _____

Lot #: UJ878AB
Exp. Date: 06/30/2023
Manufacturer: Sanofi Pasteur