healthstat®

FLU IMMUNIZATION
PATIENT INFORMED CONSENT FORM

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 diabetes or heart, lung, or kidney diseases, flu may be especially serious.

THE VACCINE – An injection of flu vaccine will not give you flu, because the vaccine is made from killed (inactivated) viruses. The vaccine is made from viruses selected by the US 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. A small number of persons who received the 1976 swine flu vaccine suffered a paralysis called Guillain-Barre Syndrome (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or legs or both. GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. In approximately 6% of the cases a permanent or even fatal form of paralysis may occur. In 1976 GBS appeared with excess frequency among persons who had received the 1976 Swine Vaccine. For the ten weeks following vaccination, the risk of GBS was found to be approximately ten cases for every one million persons vaccinated. This represents a five to six times higher risk than in unvaccinated persons. Younger persons (under twenty-five years) had a lower risk than others, and also had a lower case fatality rate.
Data on the occurrence of GBS have been collected during several Influenza seasons since the surveillance began in 1978. These data suggest that, In contrast to the 1976 situation, the risk of GBS in recipients of Influenza vaccine was not significantly higher than that in non-vaccines. Persons who receive Influenza vaccine should be aware of the possible risk of GBS as compared with the risk of Influenza and its complications.

SPECIAL PRECAUTIONS – Children under three years of age and pregnant women should consult with their personal physicians before receiving this vaccine.
Persons who are allergic to eggs or egg products should not receive this vaccine until they have consulted their personal physicians. 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 physicians before receiving this vaccine.

If you have a reaction, see your personal physician immediately. If you have any questions, please ask.

PATIENT HISTORY –

1. Do you have an allergy to eggs, latex, timerosal, or other vaccine components? □ Yes □ No
2. Have you ever had a reaction to the influenza vaccine? □ Yes □ No
3. Have you had/received any other vaccines in the last 14 day? □ Yes □ No
4. Have you had a fever in last 48 hours, or feel ill today? □ Yes □ No
5. Have you ever been diagnosed with the neurological conditions Guillain – Barre Syndrome? □ Yes □ No

CONSENT - I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of flu vaccination as described. I also confirm that I, or the person I am signing for does not have a known allergy to eggs, latex, timerosal, or other vaccine components. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. I have read the information regarding influenza and the flu vaccine.

Information - Person to Receive Vaccine

_____ _____
Name (Please Print) Birth Date

_____
Address: Street City State Zip

_____
Signature (Patient or Parent or Guardian) Date

For Clinic Use

_____
Name of Clinic

_____
Name of Vaccination

_____
Manufacturer and Lot No.

_____ Left / Right
Site of Injection

_____ _____
Administered by Date