



(323) 297-0700

**INFLUENZA IMMUNIZATION CONSENT**

*Please sign & hand to the nurse at the time of vaccination.*

*The shot is given in the upper arm (deltoid) – please dress appropriately to allow for easy access to the deltoid area.*

**Flu**

Influenza (flu) is a respiratory disease caused by influenza virus infection. The types, or strains, of influenza virus that cause illness may change from year to year, or even within the same year. People who get flu may have fever, chills, headache, dry cough, and muscle aches, and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications, including death, may occur.

**Vaccine**

The regular flu vaccine contains killed influenza virus of the types selected by the U.S. Public Health Service and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration. The types of virus included are those that have most recently been causing influenza. The vaccine will not give you flu because it is a killed virus vaccine. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals.

**Risks and Possible Side Effects**

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm where the injection was given, or possibly fever, chills, headache, or muscle aches. These side effects usually last 24 to 48 hours. Most people who receive the vaccine either have no reaction or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Also, medical events completely unrelated to the vaccine may occur coincidentally following vaccination.

You cannot get the flu from the flu vaccine!

**Please check “yes” or “no” for the following questions: If “yes”, please discuss with nurse.**

<b>Contraindications</b>	<b>if “yes” is applicable, the flu vaccine is <i>not</i> advised.</b>	<b>Yes</b>	<b>No</b>
	Are you allergic to eggs or egg products?		
	Do you have a history of Guillain-Barre syndrome?		
	Have you had a bad reaction to any vaccines including the flu vaccine?		
<b>Precaution</b>	Are you moderately or severely ill? <b>if “yes,” it is advisable to receive the flu vaccine after recovery.</b>		

If you have any questions, please ask now or check with your physician before receiving the vaccine.

**If you experience any significant reactions, see your physician.**

**I have read the above information about Influenza and Influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of Influenza vaccination and request that the vaccine be given to me.**

<b>Information-Person to Receive Vaccine</b>	
Name: _____	Age: _____
Address: _____ City & Zip _____	
Daytime Phone #: _____	Signature: _____

<b>For Clinic Use</b>	
Date of Vaccination: _____	Manufacturer & Lot #: _____ Site : IM <input type="checkbox"/> Right <input type="checkbox"/> Left
Administered By: _____	Clinic Site: _____ Payment: _____