



FLU VACCINATION CONSENT & RELEASE

PLEASE WEAR TOPS THAT ARE SLEEVELESS OR HAVE LOOSE-FITTING SLEEVES IF POSSIBLE

PRINT YOUR FIRST AND LAST NAME LEGIBLY:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ (must be at least 18) SEX: M F

NAME OF PT IN PRACTICE: _____

RELATION: _____

Date: _____
Nurse: _____
Rt. Arm Lt. Arm
Vaccine Name: _____
Manufacturer: _____
Lot#: _____
Expiration: _____

Some people should not be vaccinated. Contraindications include severe allergy to eggs (vaccine influenza is grown in hen’s eggs) or any other vaccine component (i.e., thimerosal, a mercury-containing organic compound widely used as a preservative in many biological and drug products, including certain vaccines and contact lens solutions) and having a moderate or severe illness with fever at time of vaccination (not including minor illness). **Talk to a doctor before being vaccinated** if you are allergic to eggs or other vaccine components, have ever had an allergic reaction to a flu shot or similar vaccine, or developed Guillain-Barre syndrome (GBS), a severe paralytic illness, within six weeks of getting a flu shot in the past. Latex sensitivity should be considered with GSK pre-filled syringes. The vaccine is not approved for children under 6 months old. Note that if your immune system is compromised by illness at the time of vaccination your body may not be able to respond as it should to build up antibodies for protection against the flu. **The most common side effect of the flu shot is soreness at the injection site**, which can last up to two days but does not usually affect an individual’s ability to perform normal daily activities. Some people, usually children and others who have not been exposed to influenza viruses before, may notice “mild” flu-like symptoms, such as fever, malaise, and muscle weakness, after receiving a flu shot. Symptoms usually start six to 12 hours after the vaccination and can last up to two days. **Less common side effects include allergic reactions and Guillain-Barre syndrome (GBS).** Left-threatening allergic reactions, which usually occur immediately, are very rare but possible in individuals allergic to any vaccine component. The 1976 Swine flu vaccine was associated with an increased incidence of GBS. Since then, the risk is estimated to be very low at one to two cases per million vaccinated, which is much less than the risk of getting the flu.

- 1. **Have you had a flu shot before?** Yes _____ No _____
- 2. **Are you allergic to thimerosal, eggs or egg products?** Yes _____ No _____
- 3. **Have you ever had an allergic reaction to flu or other vaccine?** Yes _____ No _____
- 4. **Is there a chance you are pregnant?** Yes _____ No _____

The flu shot is considered safe for pregnant women, breastfeeding women and their infants and is recommended for women who will be pregnant during the flu season since they are at increased risk for flu-related complications. However, IT IS THE LAW to administer flu shots from a multi-dose vial to pregnant women (and children) because of their levels of thimerosal.

- 5. **Are you currently sick (does not include minor illnesses)?** Yes _____ No _____
- 6. **Do you have a history of Guillain-Barre Syndrome?** Yes _____ No _____

I have received and read the information sheet(s) for the flu vaccination I wish to receive and have had the opportunity to ask questions. I have also had the opportunity to read and consider the *Privacy Practices Notice of Vaccination Services of Global Pediatrics* to my satisfaction prior to consent. I accept that services might be rendered in a non-private setting. I agree to remain at the clinic for at least 10 minutes after vaccination if it is my first time being vaccinated. I hereby consent to the administration of the flu vaccine. Furthermore, I hereby release and forever discharge myself, my heirs, executors, administrators and assignees, and their employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions, and causes of action, which may result from participation in this program. I will communicate the information provided to me today about any vaccination to my primary care provider if I have one.

SIGNATURE: _____ DATE: _____