

Influenza Vaccine Consent Form

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient DOB: _____ **Patient ID:** _____

Office Use Only

You should not receive the Influenza Vaccine if any of the following apply:

- You have ever had any moderate to severe reaction to eggs, formaldehyde, gelatin or to any previous Influenza Vaccinations in the past.
- You have a history of Guillain-Barre Syndrome (GBS)
- If you are not feeling well, or are currently ill

Pregnancy

It is recommended to discuss your pregnancy with the provider to ensure that the proper plan of care is followed. Influenza Vaccines are indicated, and recommended if your due date falls during the common FLU season. (NOV-MAR)

Possible Reactions

Mild	Severe
<ul style="list-style-type: none"> • Mild Fever • Redness/Swelling/Pain Injection Site • Body Aches 	<ul style="list-style-type: none"> • Acute Allergic Reaction • High Fever • Confusion • Difficulty Breathing • Hives • Rapid Heartbeat

Guillain-Barre Syndrome- progressive muscle weakness and paralysis may occur a week after the flu vaccine, this occurs in 1-2 cases per million persons vaccinated.

Questionnaire

Are you feeling sick or ill today?	Yes	NO
Are You allergic to eggs or any items mentioned above	Yes	NO
Ever Had an Allergic Reaction to Previous Vaccines	Yes	NO
Ever Had Guillain-Barre Syndrome	Yes	NO
Allergic to Latex	Yes	NO
Allergic to Formaldehyde	Yes	NO
Allergic to Gelatin	Yes	NO

CONSENT

I have read the current influenza vaccine information form. I have been provided an opportunity to ask questions about the disease and treatment. I understand the risk and benefits of the vaccination.

- understand that the vaccination I am to receive is a single shot for adults and for children who have received a flu vaccine in the past.
- understand that it will not be fully effective for approximately two weeks. However, as with all vaccines there is no guarantee that I will become immune or that I will not experience side effects. I understand that one should not receive these vaccines if they have a severe allergy to eggs, have had a severe reaction to a previous influenza vaccine, or if they have had Guillain-Barre Syndrome.

I hereby request the influenza vaccine for this flu season, be given to myself or the person for who I am authorized to give consent.

 Patient/Guardian Signature

 Date