Patient Name: _____

Date of Birth: _____

Informed Consent for Influenza Vaccine

The influenza vaccine is the single most important measure in preventing and attenuating influenza infection, which is a major cause of illness and death each year. The federal government selects the three most likely strains of circulation influenza virus to include in the annual vaccine. It contains noninfectious killed and inactivated viruses and, thus, cannot cause you to get the flu. However, respiratory diseases unrelated to the vaccination can occur during this season. Vaccines can cause mild side effects, such as soreness at the injection site, low-grade fever, body aches, or headache. Very rarely, as with any medication, serious side-effects, such as allergic reactions or even death, can occur. However, every major-medical authority recommends that you get an annual flu shot.

Screening Questionnaire

Please answer the following questions with a check mark:

□ Yes □ No Are you sick with something more serious than a cold?

□ Yes □ No Have you had a serious reaction to a previous influenza vaccination?

□ Yes □ No Are you allergic to chicken, chicken eggs, or to the preservative thimerasol?

□ Yes □ No Have you had Guillain-Barré syndrome (neuromuscular disease)?

□ Yes □ No Are you pregnant, nursing, or planning to get pregnant in the next month?

□ Yes □ No Do you have a severe allergy (anaphylaxis) to latex?

I have read the information above and received satisfactory answers to my questions. I have received and been provided the opportunity to review the Vaccine Information Sheet (VIS). I understand the side effects, other risks, and benefits of the influenza vaccine and request that I be provided with the vaccine.

Signature (Patient or Guardian):_____ Date: _____

Name of Person Completing Form (If other than patient): _____

Nurse Use Only

Vaccine Manufacturer: Seqirus Expiration Date: 06/30/2021 Dose: .5 mL Injection Site: RD / LD

Vaccine Name: □ Flucelvax Quadrivalent – Lot#: 276571 □ Fluad Quadrivalent (65+) – Lot# 279809

Notes: _____

_____

Signature of Person Administering Vaccine: _____ Date: _____

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