**FLU VACCINE CONSENT** 



## Print Patient Name: Date:

Influenza (flu) vaccine will begin to provide its protective effects after about one to two weeks after injection has been given, and immunity may decrease, on average, after several months. Unlike the Swine Flu vaccine used in 1976, newer types of flu shots have not been linked to paralytic illness called Guillain-Barre' syndrome (GBS). Flu shots will not protect everyone who gets them against the Flu, nor will it protect against other illnesses that resemble the Flu.

**WARNING:** The Flu shot should not be given to people with severe allergy to eggs. Persons with history of Guillain-Barre' syndrome should not be given the Flu vaccine. Immunosuppressive therapy, theophylline or warfarin sodium may interfere with vaccine effectiveness or potentiate drug effect. As with any intramuscular injection, caution should be used if on anti-coagulants.

**ADVERSE REACTIONS:** Soreness and other mild local reactions at injection site, fever, malaise, myalgia especially in persons not previously exposed- up to two days. ALLERGIC **REACTIONS:** Possibility of hives angioedema (infrequent): GBS (rare).

**NOTE:** BECAUSE INFLUENZA VACCINE CONTAINS ONLY NONINFECTIOUS VIRUSES, IT CAN NOT CAUSE INFLUENZA. OCCASIONAL CASES OF RESPIRATORY ILLNESS FOLLOWING VACCINATION ARE COINCIDENTAL. UNRELATED TO FLU VACCINE.

Please respond yes or no to the following:

## YES NO

- \_\_\_\_\_ 1. I am allergic to egg protein
- \_\_\_\_\_ 2. I am allergic to thimerosal (mercury derivative)
- \_\_\_\_\_ 3. I am allergic to gentamicin (used in manufacturing)
- \_\_\_\_\_ 4. I have a cold or fever at present
  - \_\_\_\_\_ 5. I have had Guillain-Barre' syndrome
- \_\_\_\_ 6. I am pregnant

I certify that this form has been fully explained to me, and I have read and understand the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

DOSE: \_\_\_\_ LOT: \_\_\_\_ EXP: \_\_\_\_ SITE: \_\_\_\_\_NURSE:\_\_\_\_