

INFLUENZA INJECTION CONSENT

Patient Name: _____

DOB: _____

The flu vaccine is used to prevent infections caused by flu viruses. It must be given every year. The flu vaccine contains No live viruses, therefore, it cannot cause the Flu.

The most common side effects from this vaccine are redness and/or tenderness at the injection site.

Infrequent side effects are fever, weakness, muscle aches or pains. Most side effects will occur 6-12 hours after the vaccination and may persist 1-2 days.

Please answer the following questions (circle one):

1. Are you allergic to eggs or egg products? YES NO
2. Have you had Guillain-Barre Syndrome in the past? YES NO
3. Have you been ill or had a high fever within the past week? YES NO
4. Have you had an allergic reaction such as difficulty breathing or swallowing, hives or facial swelling to the flu vaccine in the past? YES NO
5. Do you understand that the following risks could be associated with receiving the flu vaccine? YES NO
 - Small increased risk of developing Guillain-Barre Syndrome (GBS)
 - Fainting, hoarseness, sore, red, itchy eyes, cough, fever, aches, headache, itching, and fatigue
 - Severe pain in the shoulder and have difficulty moving the arm where the shot was given
 - In some cases possible severe allergic reaction

If you answered YES to questions 1-4, you will need to contact your provider to receive a Flu Vaccine.

Most people who receive the flu shot do not have any problems with it. It takes about 2 weeks for protection to develop after vaccination.

I have read and understand the above information about the Influenza vaccine. I have been given the opportunity to ask questions and request that the vaccine be given to me or my child. I understand I will wait 15 minutes after injection.

Signature

Date

Administered by: _____

Dose: _____

Manufacturer: _____

Administered IM: Right Deltoid Left Deltoid

Lot#: _____

Expiration Date: _____

Right Thigh Left Thigh

