



FLU CONSENT FORM

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

CIRCLE: **MALE** **FEMALE**

WHAT IS INFLUENZA (FLU)? Influenza (or “flu”) is a viral infection of the bronchial tubes and lungs that can make someone ill at any age. Usually the flu occurs in the United States from about November to April. If you get the flu, you usually have fever, chills, cough, and soreness and aching in your back, arms and legs. Although most people are ill for only a few days, some people have a more serious illness and may need to go to the hospital.

Influenza vaccination is the single most important means to prevent and control the flu in our population. Healthcare workers, particularly those who have extensive contact with elderly patients or young children are a high priority group to receive vaccination, but it can be given to anyone (even in pregnancy) wishing to reduce his/her risk of infection.

INFLUENZA VACCINE: The viruses that cause flu frequently change, so people who have been infected or given flu vaccine in previous years may become infected with a new strain. There are many flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated to match circulating flu viruses. Flu vaccines protect against the three or four viruses that research suggests will be most common. FLUCELVAX QUADRIVALENT is standardized according to United States Public Health Service requirements for the 2017-2018 influenza season and is formulated to contain a total of 60 micrograms (mcg) hemagglutinin (HA) per 0.5 mL dose in the recommended ratio of 15 mcg HA of each of the following four influenza strains: A/Singapore/GP1908/2015 IVR-180 (H1N1) (an A/Michigan/45/2015-like virus); A/Singapore/GP2050/2015 (H3N2) (an A/Hong Kong/4801/2014 – like virus); B/Utah/9/2014 (a B/Phuket/3073/2013-like virus); B/Hong Kong/259/2010 (a B/Brisbane/60/08-like virus). Each dose of FLUCELVAX QUADRIVALENT may contain residual amounts of MDCK cell protein (≤8.4 mcg), protein other than HA (≤ 160 mcg), MDCK cell DNA (≤ 10 ng), polysorbate 80 (≤ 1500 mcg), cetyltrimethylammonium bromide (≤ 18 mcg), and βpropiolactone (<0.5 mcg), which are used in the manufacturing process. The Flu vaccine will not protect all persons who receive them against the flu or protect against other illnesses resembling the flu.

POSSIBLE SIDE EFFECTS OF THE VACCINE: Most people have no side effects from influenza vaccines. Flu vaccines are given by injection, usually into a muscle of the upper arm. This may cause soreness for a day or two at the injection site, and occasionally may also cause a fever or achiness for one or two days. As is the case with most drugs or vaccines, there is a possibility that allergic or some serious reactions could occur with the flu vaccine.

PERSONS WHO SHOULD NOT BE GIVEN THE FLU VACCINE include those with an allergy to chicken eggs, chicken, chicken feathers, chicken dander, or any egg products and thimerosal (mercury derivative) because of a dangerous reaction that may follow the injection.

PERSONS WHO ARE ILL and have a fever should delay vaccination until the fever and other temporary symptoms have disappeared. Injections should also be deferred if any acute respiratory disease is present.

Please answer the following questions:

YES

NO

Unknown

1. Are you sick or do you have a fever today?			
(If yes, you should not receive vaccine)			
2. Have you been sick in the past two weeks?			
4. Have you ever had an allergic reaction to a flu shot?			
5. Are you pregnant, or think you may be?			

Consent and Release Statement

I, the undersigned, wish to receive a vaccination against influenza. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read the Vaccine Information Statement and the TrustCare Privacy Practices Notice. I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby request that the vaccine be given to me or the person named above for who I am authorized to make this request.

Signature

Date

		For Office Use Only			
Date Given	Manufacturer & Lot No.	Exp. Date	Site (circle)	Route	Administered by:
			RD LD		