

Flu Vaccine Consent Form

The Flu:

Influenza (flu) is a respiratory infection caused by a virus. When people get the flu, they may have a fever, chills, headache, dry cough, or muscle aches. This illness may last several days or a week or more and most people make a complete recovery. Rarely, complications may lead to pneumonia or death, and some people are more at risk for this, as described below.

It is not possible to estimate the risk of an individual getting the flue each year, but for the elderly and people with diabetes, heart, lung, or kidney diseases, or other disabilities, the flu may be especially serious.

Flu vaccine will not be given if you:

- Are allergic to eggs, chicken, chicken feathers, or chicken dander;
- Have a fever;
- Have received another type of vaccine in the past 14 days;
- Are pregnant

ANYONE REQUESTING A FLU SHOT SHOULD ANSWER THE FOLLOWING QUESTIONS:

Have you ever had a previous reaction to a dose of flu vaccine?	Y	N	N/A
Are you allergic to chickens, feathers or eggs?	Y	N	N/A
Do you have a fever now?	Y	N	N/A
Do you have a history of Gullain-Barre Syndrome (a severe paralytic illness)?	Y	N	N/A
Have you had any other vaccines in the past 14 days?	Y	N	N/A
Are you pregnant?	Y	N	N/A
If you receive allergy injections, what was the date of our last injection? <i>Date:</i>	Y	N	N/A

Call your PVP if you experience any of the following: A severe reaction that would include hives, trouble breathing or a reaction of any type lasting more than 48 hours. If you have any questions about the information on this form, please ask your PVP.

Consent	
I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of flu vaccination as described. I request that the vaccine be given to me or to the person named below for who I am authorized to sign.	
Patient Name: _____	Date of Birth: _____
Address: _____	State: _____ Zip: _____
Signature: _____	Date: _____
Lot# _____ Exp. Date: _____	
Dose: _____ Route: _____ Time: _____	
Provider name: _____	
Signature: _____ Date: _____	