

**United Community Health Center
2008-2009 Flu Immunization Consent Form**

Name _____ MR# _____

Address _____ City _____ State _____

Date of Birth _____ Age _____ Sex: M F

If minor parent/guardian name _____

Some people should not be vaccinated. Contraindications include severe allergy to eggs (vaccine influenza is grown in hens' eggs) or any other vaccine component (i.e., thimerosal, a mercury-containing organic compound widely used as a preservative in many biological and drug products, including certain vaccines and contact lens solutions) and having a moderate or severe illness with fever at time of vaccination (not including minor illness). **Talk to a doctor before being vaccinated** if you are allergic to eggs or other vaccine components, have ever had an allergic reaction to a flu shot or similar vaccine, or developed Guillain-Barre syndrome (GBS), a severe paralytic illness, within six weeks of getting a flu shot in the past. The vaccine is not approved for children under six months old. Note that if your immune system is compromised by illness at the time of vaccination your body may not be able to respond as it should to build up antibodies for protection against the flu. **The most common side effect of the flu shot is soreness at the injection site**, which can last up to two days but does not usually affect an individual's ability to perform normal daily activities. Some people, usually children and others who have not been exposed to the influenza viruses before, may notice "mild" flu-like symptoms, such as fever, malaise, and muscle weakness, after receiving a flu shot. Symptoms usually start six to 12 hours after vaccination and can last up to two days. **Less common side effects include allergic reactions and Guillain-Barré syndrome (GBS).** Life-threatening allergic reactions, which usually occur immediately, are very rare but possible in individuals allergic to any vaccine component. The 1976 Swine flu vaccine was associated with an increased incidence of GBS. Since then, the risk is estimated to be very low at one to two cases per million vaccinated, which is much less than the risk of getting the flu.

1. **Have you had a flu shot before?** ____ Yes ____ No
2. **Are you allergic to thimerosal, eggs or egg products?** ____ Yes ____ No
3. **Have you ever had an allergic reaction to flu or other vaccine?** ____ Yes ____ No
4. **Is there a chance you are pregnant?** ____ Yes ____ No

The flu shot is considered safe for pregnant women, breastfeeding women and their infants and is recommended for women who will be pregnant during flu season since they are at increased risk for flu-related complications.

5. **Are you currently sick (does not include minor illnesses)?** ____ Yes ____ No
6. **Do you have a history of Guillain-Barre Syndrome?** ____ Yes ____ No

I have received and read the information sheet(s) for the flu vaccination I wish to receive and have had the opportunity to ask questions. I hereby consent to the administration of the flu vaccine. I will communicate the information provided to me today about my vaccination to my primary care provider if I have one.

Signature _____ Date: _____

Administered by _____ Lot # _____ R L Deltoid IM