



## Influenza Immunization Patient Consent Form

Group: **Sweetwater Neighborhood Residents**

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Answer the following by checking YES or NO.**

YES                      NO

Do you have a bleeding disorder?                      \_\_\_\_\_                      \_\_\_\_\_

Do you have chronic renal disease?                      \_\_\_\_\_                      \_\_\_\_\_

Are you allergic to eggs or any poultry products? (e.g. chicken feathers)                      \_\_\_\_\_                      \_\_\_\_\_

Do you or have you had Guillain-Barre Syndrome? (paralysis problem)                      \_\_\_\_\_                      \_\_\_\_\_

Are you allergic to Thimerosal? (a preservative)                      \_\_\_\_\_                      \_\_\_\_\_

**The Influenza immunization should not be given to anyone with the following conditions:**

- Acute respiratory illness or high fever
- Allergic reaction with respiratory and/or cardiac involvement to any component in the influenza vaccines

\_\_\_\_\_ *Please initial that the above risk factors do not apply to you.*

**Possible responses to the influenza immunization:**

Influenza immunization is usually well tolerated. Possible responses include redness, tenderness or a hardness at the injection site for a day or two; a mild fever, muscle ache or headache within the first 2 days. Rarely, an allergic reaction can occur almost immediately.

**You should remain under observation for 20 minutes after your immunization.**

**I have read or have had explained to me the information contained in this consent form and I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the influenza vaccination. *I understand that getting the vaccine is my choice.***

Patient/Guardian Printed Name	Signature	Date
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For Personnel Use Only

Drug Name: **Flucelvax** \_\_\_\_\_ Manufacturer: **Seqirus** Lot#: **308520**

Administered by Printed Name	Signature	Date
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Nursing Notes: (Document any signs/symptoms of complications during 20 minute observation period)

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