|  |  |
| --- | --- |
| Patient Name (Please Print) | Birth Date |
| Address | Phone( ) |
| City/State/ZIP |
| Email Address |

1. Do you have a fever today? [ ]  Yes [ ]  No

2. Are you feeling sick today? [ ]  Yes [ ]  No

 If yes, please explain.

3. Have you ever had a neurologic disorder or been diagnosed with the Guillain-Barre' Syndrome? [ ]  Yes [ ]  No

4. If a child is receiving the influenza vaccine, does the child have a history of seizures? [ ]  Yes [ ]  No

5. Do you have an allergy to chicken eggs, egg products, latex, gelatin, or the medication gentamicin? [ ]  Yes [ ]  No

If yes, please explain.

6. Have you had a serious reaction to a vaccination before? [ ]  Yes [ ]  No

If yes, please explain.

7. Do you have an allergy to the preservative thimerosal? [ ]  Yes [ ]  No

**CONSENT FOR IMMUNIZATION**

I hereby give my consent for SMC, its agents, and employees to administer the influenza vaccine. I understand that I may experience an adverse reaction from the vaccine. I understand that SMC and the employer sponsoring the flu vaccination today, if applicable, are not responsible for any reaction caused by this vaccine.

**Please initial: \_\_\_\_\_\_ I acknowledge receipt of the Vaccination Information Sheet (VIS) dated August 15, 2019, and have had time to review it and have any of my questions answered.**

**Please initial: \_\_\_\_\_\_ I acknowledge receipt of SMC Notice of Privacy Practices.**

|  |  |
| --- | --- |
| Signature | Date |
| Signature of Parent/Legal Guardian if Patient is a Minor/Power of Attorney | Relationship to Patient | Date |
| Administered By  | Date |
| **Flulaval**  Manufacturer **GSK** | Lot #/Expiration Date | Dose/Site: 0.5 mL IM [ ]  L [ ]  R Deltoid Thigh  |
| **HD Fluzone** Manufacturer **Sanofi Pasteur** | Lot#/Expiration Date | Dose/Site: 0.7 mL IM [ ]  L [ ]  R Deltoid |
| **Flublok** Manufacturer **Sanofi Pasteur** | Lot #/Expiration Date | Dose/Site: 0.5 mL IM [ ]  L [ ]  R Deltoid  |
| **FluMist** Manufacturer **AstraZeneca** | Lot #/Expiration Date | Dose/Site: 0.1 mL each (0.2mL total) [ ]  L [ ]  R Intranasal |

**INFLUENZA WARNINGS**

Prior to an injection of any vaccine, all known precautions should be taken to prevent side reactions. This includes a review of the patient’s history with respect to possible sensitivity to the vaccine or similar vaccine; previous immunization history, and current health status.

Use of influenza vaccine should be delayed during the course of any febrile respiratory illness or other active infections or illnesses. If you have ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine, talk to your doctor. Immunization should be delayed in a patient with an active neurologic disorder and not administered to individuals who have a prior history of Guillain-Barre Syndrome.

**ADVERSE REACTIONS**

Because influenza vaccine contains only noninfectious viruses, it cannot cause influenza. Respiratory disease after vaccination represents coincidental illness unrelated to influenza vaccination. The most frequent side effect of vaccination is soreness at the vaccination site that lasts for up to 2 days. These local reactions generally are mild and rarely interfere with the ability to conduct usual daily activities.

Two types of responses to influenza vaccines have been described:

1. Fever, malaise (discomfort/aches), myalgia (muscle pain/tenderness), and other systemic symptoms like soreness, redness, or swelling can occur following vaccination and most often affect persons who have had no exposure to the influenza virus antigens in the vaccine. These reactions begin 6 to 12 hours after vaccination and can persist for 1-2 days.

2. Immediate, presumably allergic responses, such as hives, angioedema, allergic asthma, and systemic anaphylaxis are expressions of hypersensitivity. These reactions occur rarely after influenza virus vaccination and probably derive from hypersensitivity to some vaccine component most likely related to residual egg protein. This protein can induce immediate hypersensitivity reactions among persons who have severe egg allergy.

### WARNINGS

1. Influenza vaccine should not be administered to individuals who have prior history of Guillain-Barre Syndrome; consult with your doctor.
2. If influenza vaccine is administered to immunosuppressed persons, the expected antibody response may not be obtained.
3. As with any vaccine, vaccination with influenza vaccine may not protect 100% of susceptible individuals, also immunization protection may not be reached for up to 2 weeks after the vaccination.
4. Caution: If you have a bleeding disorder or take medications to thin your blood, you may experience bleeding and/or bruising at the injection site.