

INFLUENZA VACCINE (FLU SHOT) CONSENT FORM

- | | |
|---|------------------|
| 1. Have you ever had an allergic reaction to flu vaccine? | Yes or No |
| 2. Are you allergic to eggs, or egg products? | Yes or No |
| 3. Do you have a history of Guillain-Barre Syndrome?
(illness associated with the swine flu in 1976 characterized
by fever, nerve damage, and muscle weakness) | Yes or No |
| 4. Are you allergic to thimerosal (a mercury-based preservative)? | Yes or No |
| 5. Are you allergic to latex? | Yes or No |
| 6. Do you feel ill today or do you have a fever? | Yes or No |
| 7. If you are female, are you pregnant? # Weeks _____ | Yes or No |

I hereby certify that the foregoing history is true and complete to the best of my knowledge and I have received and read the "Vaccine Information Statement" from the CDC, have had an opportunity to ask questions that were answered to my satisfaction, and do wish to receive the flu vaccination fully understanding the risks and the benefits. I hereby consent to the administration of the flu vaccine (flu shot). Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, Maron Rodrigues Medical Group and their employees, from any and all claims, demands, actions and causes of action, which may result from receiving this vaccine..

PATIENT INFORMATION AND CONSENT

LAST NAME:	FIRST NAME:	MI:
ADDRESS:	CITY:	STATE: ZIP:
BIRTHDATE:	AGE:	
SIGNATURE:	DATE:	

FOR STAFF USE ONLY

MANUFACTURER AND LOT#:	LOT #
EXPIRATION DATE:	
SITE OF INJECTION:	R / L DELTOID
SIGNATURE OF VACCINE ADMINISTRATOR:	

VACCINE INFORMATION STATEMENT

1. Why get Vaccinated

Influenza vaccine can prevent influenza (flu). Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications. Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse. Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults. Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza Consent

CDC recommends everyone 6 months of age and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season. It takes about 2 weeks for protection to develop after vaccination. There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection. Influenza vaccine does not cause flu. Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your healthcare provider

Tell your vaccine provider if the person getting the vaccine: ? Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies. ? Has ever had Guillain-Barré Syndrome (also called GBS). In some cases, your health care provider may decide to postpone influenza vaccination to a future visit. People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine. Your health care provider can give you more information.

4. Risks of a vaccine reaction

Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine. There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot). Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure. People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears. As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital. For other signs that concern you, call your health care provider. Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do not give medical advice.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7. How can I learn more?

Ask your healthcare provider. Call your local or state health department. Contact the Centers for Disease Control and Prevention (CDC): -Call 1-800-232-4636 (1-800-CDC-INFO) or -Visit CDC's www.cdc.gov/flu

Financial Consent

I understand that this claim will be sent to my insurance company, but I am aware that if my insurance does not cover the vaccine, I will be billed for the full \$50 charge.

Influenza Vaccine Consent

I hereby certify that I have read the Vaccine Information Statement (VIS) from the CDC above. I understand that I am encouraged to ask any question I may have. I do wish to receive the flu vaccination and I fully understand the risks and the benefits. I hereby consent to administration of the flu vaccine. Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, Maron & Rodrigues Medical Group and their employees, from any and all claims, demands, actions, and causes of action, which may result from receiving this vaccine.

Print Name: _____

Signature: _____

Date: _____