INFLUENZA VACCINE CONSENT FORM (non-live vaccine- Flulaval) 2013

INFLUENZA (FLU) is a respiratory disease caused by influenza virus infection. The strains of influenza virus causing illness may change from year to year. This year the vaccine contains A/ California/2009 (H1N1); A/Texas (H3N2); B/Massachusetts/2/2012.

Symptoms of flu: fever, chills, headache, dry cough and muscle aches for several days to a week or more. Most people recover completely, however, for some people, flu may be especially severe.

Complications of flu:
- pneumonia
- death

Those especially at risk from the flu:
- the elderly (65 years old and older)
- Those with certain chronic conditions, such as cardiopulmonary conditions, diseases of the heart, lungs or kidneys; diabetes; or immunocompromised persons.

It is recommended that anyone over 6 months of age should receive an annual flu vaccine including pregnant women and those with chronic medical conditions.

Flu vaccine
This vaccine contains killed influenza virus of the types selected by the U.S. Public Health Services, based on those strains that most recently caused influenza. **This vaccine does contain thimerosal.**

Possible Side Effects:
- Usually mild lasting 24-48 hours
- Pain, redness, or swelling at site of injection
- Chills/ Fever
- Headache or fatigue
- Muscle aches

Risks:
- As with any vaccine, there is a rare possibility of allergic or other serious reactions or even death.

***************PLEASE ANSWER THE FOLLOWING QUESTIONS AND COMPLETE THE INFORMATION BELOW:***************

1. Are you sick today? Fever? □ □
2. Have you had an anaphylactic reaction to eggs or a previous dose of influenza vaccine? □ □
3. Are you **younger** than 18 years of age? □ □
4. Are you a Nursing Student? □ □
5. Any history of Guillain-Barré? □ □
6. Severe allergic reaction to another vaccine? □ □
7. Have you ever passed out when receiving a vaccine/blood work? □ □
8. Do you have an allergy to thimerosal? □ □
9. Do you have a bleeding disorder? □ □

Consent: I have read the above information and have had the opportunity to ask questions. I understand the benefits and risks associated with receiving the vaccine and I willingly agree to receive this vaccine.

Signature/Date: ____________________________

Date of Vaccination: / / 
Lot # exp /2014 GSK
Site: Left _____ Right Deltoid IM _____
Person Administering Vaccine CRNP