



Influenza Vaccine Consent Form

Name _____ Date of Birth: _____

Phone Number: _____ GTB Chart# _____

You should **not** receive the Influenza vaccine if any of the following apply:

- You have ever had a serious allergic reaction to formaldehyde, gelatin, or to a previous dose of influenza vaccine.
- You have a history of Guillain-Barre Syndrome (GBS).
- You are ill.
- Speak to your doctor if you are pregnant. Influenza vaccine is indicated and recommended if your due date falls during the flu season (November to March).

Possible reaction:

- Mild: Soreness or redness at the site of the shot, Fever, Body aches
- Severe: Acute allergic reaction – high fever, confusion, difficulty breathing, hives, and rapid heartbeat would occur within a few minutes of the shot.
- Guillain-Barre Syndrome – progressive muscle weakness and paralysis may occur a week after the vaccine. This occurs in 1-2 cases per million persons vaccinated.

QUESTIONS YOU MUST ANSWER Check your Response:

_____ Are you ill today?

_____ Are you allergic to eggs? If NOT ANAPHYLAXIS then may proceed with influenza vaccination with observation.

_____ Have you ever had a severe reaction to a flu vaccine?

_____ Have you had Guillain-Barre Syndrome?

_____ Have you ever had a severe reaction to formaldehyde?

_____ Have you ever had a severe reaction to gelatin?

Consent

I have read the current influenza vaccine information sheet. I have been provided an opportunity to ask questions about the disease and the treatment. I understand the risks and benefits of the vaccination. I understand that the vaccination I am to receive is single shot for adults and for children who have received a flu vaccine in the past. I understand that it will not be fully effective for approximately two weeks. However, as with all vaccines there is no guarantee that I will become immune or that I will not experience side effects. I understand that one should not receive this vaccine if they have a **severe** allergy to eggs, have had a severe reaction to a previous influenza vaccine, or if they have had Guillain-Barre Syndrome. I hereby request the influenza vaccine for the 2023 - 2024 flu season, be given to myself or the person for whom I am authorized to give consent.

Patient Signature: _____ Date: _____

Manufacturer: _____ Exp: _____ Lot #: _____

Dose 0.5cc IM Location: R / L deltoid

Witnessed/Administered By: _____ Date: _____