Appendix 4

Influenza Vaccination Consent Form

Date: _____

Name (of patient receiving vaccine):_____

Date of Birth (mm/dd/yyyy): _____ Age: _____

Family Physician: _____

Patients 6 mos. of age and older: (Children under 16 years of age need parental or guardian consent)

[ ] I do wish to receive the seasonal flu vaccine

Consent:

1. I HAVE informed the healthcare professional administering the vaccine of any serious or minor illness that I am currently experiencing
2. I have NOT reacted to any vaccine in the past
3. I do NOT have allergies to the following items that may be contained in small amounts as preservatives or used in the manufacturing process such as thimerosal, formaldehyde, polysorbate 80, sodium deoxycholate or Triton X-100. As this list may not be comprehensive, I HAVE informed the health care professional administering the injection of any allergies of which I am aware.
4. I do NOT have and have not ever suffered from Guillain-Barré Syndrome or oculo-respiratory syndrome

*Please discuss your specific situation with the vaccine administering healthcare provider **PRIOR** to receiving the requested vaccine if any of these statements do not apply to you, so that your individual clinical circumstances may be more properly addressed.*

I do wish to receive the flu vaccine and I am aware that common risks can include mild pain/redness at the injection site, mild muscle ache and headache. I have reviewed the statements above and have no further questions about the flu vaccine. I will remain in the waiting room for the period of time relayed to me after the injection for observation. I will seek medical care and report any hives, high fever, cough, sore throat, difficulty breathing, chest tightness, facial swelling, or any other serious events that occur within 3 days of the injection

Name (printed): _____ Signature: _____

Office use only: FLU
Seasonal Flu Brand:
Lot #: **Exp. Date :**
Dosage: ____ **0.5 ml**
Site: ____ **Left/ Right Deltoid**
____ **Left/Right Anterolateral Thigh (6 - 12 months old)**

Administered by: _____

****2nd Dose at 4 weeks for children < 9 years with first influenza vaccine** _____