

PLEASE READ BEFORE COMPLETING THE INFLUENZA (FLU) VACCINE CONSENT FORM

Influenza (flu) facts:

- Influenza is a common viral illness with symptoms such as: a high fever, sore throat, runny nose, cough, headache, and muscle aches
- Symptoms typically lasts 1-2 weeks but it can make you feel tired/weak for a while.
- Complications include pneumonia which could require hospitalization
- The virus is spread by touching or breathing in nasal and chest droplets

About the Influenza (flu) vaccine:

- You **cannot** get influenza from the vaccine
- It will not prevent colds or stomach bugs (often thought of as the flu)
- Protect yourself and vulnerable people around you by getting the vaccine
- Vaccination is safe and highly recommended during pregnancy

Influenza (flu) vaccine side effects are uncommon but include:

- An achy upper arm at the injection site for a few days
- Fatigue, mild fever and muscle ache
- Extremely rare (1 in a million) there is a risk of Guillaine-Barre Syndrome (GBS) with muscle weakness that is usually transient. GBS can occur without receiving a flu vaccine

Who should not get a flu vaccine:

- Anyone who has had a serious reaction to a flu vaccine in the past
- Those who have had breathing problems/chest tightness, mouth swelling or an all over rash after eating eggs
- Children under six months of age
- Anyone currently ill with fever

INFLUENZA (FLU) VACCINE IMMUNIZATION CONSENT FORM

PATIENT INFORMATION	
First name:	Last name:
Date of birth:	Gender:
Health Card Number:	

<i>Students only</i>		
Student type (circle one):	Domestic	International
Student ID (A#): _____		

<i>Employees only</i>		
Employee type (circle one):	Faculty	Staff
Employee ID (A#): _____		

Please answer the following questions:

Have you ever had a bad reaction to a previous flu vaccine? (circle one)	YES NO
Have you ever had a bad reaction to any other vaccinations? (circle one)	YES NO
Are you ill with fever or chills? (circle one)	YES NO
Have you had a severe reaction or allergy to eggs? (circle one)	YES NO

I have read the information provided about the influenza vaccine. I understand what I have read and have had the opportunity to ask questions concerning the vaccine. I fully understand the benefits and risks of the vaccine. I agree to wait in the student health center 15 minutes after receiving the flu shot to be monitored for any allergic reactions that may occur.

Printed name

Signature

Date

<i>Office use only</i>		
Site of injection:		Dosage:
Route:	IM:	LOT #: