

**INFORMED CONSENT FOR
INFLUENZA (FLU) VACCINE IMMUNIZATION**



The Vaccine

The flu vaccine contains only killed viruses, therefore, it cannot cause the "flu." Occasional cases of respiratory disease after vaccination represent coincidental illness not related to the vaccination itself.

Special Precautions

The influenza vaccine should not be administered to individuals with a history of hypersensitivity to neomycin and/or allergies to CHICKEN, EGG, or any components of influenza vaccine (including) THIMEROSAL without first consulting a doctor.

Persons with a past history of Guillain-Barre Syndrome should discuss the vaccine with their physician, especially if less than 65 years old. Guillain-Barre syndrome is an uncommon illness characterized by ascending paralysis which is usually self-limiting. Except for the 1976-1977 influenza vaccine, influenza vaccines have not been associated with Guillain-Barre syndrome.

Pregnant women, especially on the last two trimesters, are strongly encouraged to receive the vaccine. The vaccine poses no risk to the pregnancy, but the disease influenza may be fatal to mother and/or fetus.

Persons taking Theophylline or Coumadin may experience enhanced drug effect after receiving the vaccine. There is a rare incidence of drug interaction between Theophylline and Coumadin with the vaccine. Those individuals taking Theophylline who experience nausea, vomiting or dizziness after receiving the vaccine, should consult a physician. Those individuals currently taking Coumadin, who after receiving the vaccine, notice increased bruisability and bleeding from their gums, should consult a physician.

Risks and Possible Side Effects

The most frequent side effect of vaccination is soreness at the injection site for up to two days, muscle aches (16%), headache (16%), fever, fatigue (16%), and malaise.

Immediate, presumably allergic, reactions such as hives, allergic asthma or systemic anaphylaxis occur rarely. These reactions probably result from a hypersensitivity to a component of the vaccine - the majority of which are related to egg protein.

I have read the above information and have had an opportunity to ask questions. I request that the vaccine be given to me. I agree not to hold the Munson Healthcare facility or personnel administering the injection responsible for any adverse effects. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Name (please print) **Date** **Time**

Signature **Primary Care Physician**

Flu Vaccine administered (0.5 mL IM): _____ (product name)

Date: _____

Site: _____

By: _____

Manufacturer: _____

Lot # and Expiration Date: _____

