



**INFLUENZA (FLU) VACCINE
2019-2020**

*Protect Yourself and
Your Loved Ones*

Influenza (flu) is a respiratory disease caused by influenza virus infection. The influenza is seen in different type from one year to the next and sometimes during the same year. People who get flu may have fever, chills, headache, dry cough and muscle aches, and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe and pneumonia and other complications may develop, including death.

Flu Vaccine

The vaccine contains killed influenza viruses of the types selected by the U.S. Public Health Service and the Office of Biologics of the U.S Food and Drug Administration.

Risk and Possible Side Effects

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm at the injection site or possible fever, chills, headache, or muscle aches; these effects usually last 24 – 48 hours. Most people who receive the vaccine have no or only mild reactions. There is possibility, as with any drug or vaccine, that an allergic or other serious reaction or even death may occur. Moreover, untoward medical events completely unrelated to vaccine administration may occur in the aftermath period following vaccination.

During the 1976 swine flu programs, a small number of people who received the vaccine (about 12 of every one million) developed a paralysis called Guillain-Barre Syndrome (GBS) within ten (10) weeks of vaccination. Approximately two of every one million people not given the vaccine developed GBS. Unlike the 1976 swine influenza vaccines, vaccines used subsequently have not been associated with increased frequency of GBS.

If you have any questions, please ask now or check with a physician of your health department before receiving the vaccine. If you have any significant reactions, see a physician.

I have read the above information about influenza and influenza vaccine and have had a chance to ask questions. I understand the benefits and the risks of influenza and request that the vaccine be give to () me or () the person named below for whom I am authorized to sign.

- | | | | |
|--|----|-----|-----|
| 1. Have you received any other vaccinations in the past 14 days? | NO | YES | N/A |
| 2. Do you have a fever at this time? | NO | YES | N/A |
| 3. Are you allergic to eggs, chicken, or chicken feathers? | NO | YES | N/A |
| 4. Are you allergic to Thimerosal? | NO | YES | N/A |

Name (print): _____

Date: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Gender: _____ DOB: _____

Signature: _____

Insurance Co.: _____

Group #: _____

Policy/ID #: _____

Effective Date: _____

Nurse: _____
Please Print Name

Amount: _____ ml Site given: LD / RD / LVL / RVL

Manufacturer: _____ Lot: _____ Exp: _____ NDC: _____