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## Influenza Vaccine Consent Form 2019-2020

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

- You have ever had a serious allergic reaction to eggs, 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

### Circle your Response

- |   |          |
|---|----------|
| Are you ill today?                                    | Yes / No |
| Are you allergic to eggs?                             | Yes / No |
| Have you ever had a severe reaction to a flu vaccine? | Yes / No |
| Have you had Guillain-Barre Syndrome?                 | Yes / No |

### 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 2019-2020 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: \_\_\_\_\_