



Influenza Vaccine Consent Form

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the patient allergic to eggs or egg products? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the patient ever had Guillain-Barré Syndrome? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the patient ever had an anaphylactic allergic reaction to the influenza vaccine? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the patient have a high fever currently? |

If the patient is going to receive the **live intranasal influenza vaccine** (Flumist®), please answer the following question, otherwise you may skip these questions:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the patient under 2 years of age or over 50 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this a child under age 5 years who has had recurrent wheezing in the past? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the patient have a chronic disease such as heart or lung disease, asthma or reactive airways disease, diabetes or kidney failure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the patient have an illness that weakens the immune system or take medications that can weaken the immune system? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the patient pregnant? |

If you answered YES to any of the above questions, please discuss this with the doctor before receiving the vaccine.

- I am choosing to have the inactivated influenza vaccine shot for the patient noted below.

Possible reactions to influenza vaccine shot:

Mild: Soreness or redness at the site of injection, fever, body aches.

Severe: Allergic reactions with fever, difficulty breathing, hives, rapid heart beat. Guillain-Barré Syndrome which is progressive muscle weakness and paralysis which may occur a week after the vaccine (1-2 cases per million persons vaccinated).

- I am choosing to have the live intranasal influenza vaccine for the patient noted below.

Possible reactions to live intranasal influenza vaccine:

Mild: Runny nose, cough, body aches, fever, stomachaches, wheezing, fatigue, sore throat, headache.

Severe: Allergic reactions with fever, difficulty breathing, hives, rapid heart beat.

I have read the Influenza vaccine information sheet (either inactivated influenza vaccine shot OR live intranasal influenza vaccine) for the vaccine the patient will receive and understand the risks and benefits of the vaccination. I hereby consent to have the influenza vaccine.

Signed: _____

Date: _____

(Print) Patient Name: _____

Date of Birth: _____