INACTIVATED INFLUENZA VACCINE CONSENT FOR ADULTS
2020 – 2021 Season

Influenza

Influenza (flu) is a contagious respiratory infection. Symptoms of the flu include fever, chills, headache, cough, sneezing, sore throat, stuffy or runny nose and muscle aches. Most people feel better within a week, but some people get pneumonia or other serious illness which can lead to hospitalization or in death.

The Vaccine

The vaccine stimulates the immune system to produce antibodies against influenza. Influenza viruses are always changing, so annual vaccination is recommended. The virus in this vaccine has been i***nactivated,*** so you **CANNOT** get influenza from the vaccine.

YOU MAY NOT RECEIVE THE VACCINE IF YOU:

- **Are allergic to eggs and/ or chicken proteins or any other substance in the vaccine Have had a life-threatening allergic reaction after a dose of seasonal flu vaccine**
- **Have a fever or are currently ill**
- **Have a history of Guillain-Barre syndrome.**

******If you are pregnant, we require a written authorization from your OBGYN. ******

Side Effects:

A vaccine, like any other medicine, could cause a serious problem. But the risk of any vaccine causing serious harm, or death is extremely small. Side effects of influenza vaccine occur at a low frequency and are generally mild.

Reactions may include tenderness at the injection site, fever, chills, headache, muscle aches, malaise, and nausea. If these symptoms occur, they usually begin soon after the shot and last for 1-2 days. Uncommon side effects such as a life-threatening allergic reaction are rare. If you experience any significant reaction, see your physician.

- I **have read the CDC Vaccine Information Statement. I understand the benefits and risks from the Seasonal Influenza vaccine. I understand that the vaccination is voluntary, and I request that the Seasonal Influenza vaccine be given to me.**

Vaccine:	Left Arm/Deltoid	Right Arm/Deltoid	Administered By
Flublok Quad **Lot #:** **Exp Date:**			
High Dose Flu *(65+)* **Lot #:** **Exp Date:**			

Print Name: ____ **Age:** ________

(Patient Name)

Signature: ____ **Date:** ________