



**Influenza Vaccination Consent Form**  
(Please see reverse side for Flu Vaccination Information)

**Company Name and Location:** \_\_\_\_\_ **Clinic Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Before getting an Influenza vaccination please check YES or NO to the following questions:**

Have you received flu vaccinations before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant or breast feeding? (If yes, you will need written permission, from your doctor to receive the flu vaccine – unless thimerosal free vaccine has been preordered)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fever today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an allergy to chicken eggs, egg products, or latex?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cold or flu symptoms today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a neurological disorder or have you been diagnosed with Guillain-Barre' Syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any health problems or allergic disorders that require you to currently see a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you have a known allergy to thimerosal, a derivative of mercury? (i.e. merthiolate, eye contact solution)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a reaction to a flu shot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

**YOUR VACCINATION WILL NOT BE BILLED TO YOUR INSURANCE.**

**IF YOU NEED PROOF OF VACCINATION, PLEASE REQUEST AT TIME OF VACCINATION.**

- Reasons for Proof:**
- **Volunteer Work**
  - **Hospital Work**
  - **Military Records**
  - **Doctor Records**

I am providing this consent form to OccuVax in order that I may be given the influenza vaccination. I have read and understand the information I have received concerning the possible benefits and side effects of the influenza vaccination. I hereby acknowledge that, based on the information presented to me, I am eligible to receive the influenza vaccine on this date. I am feeling well today and I have not recently had a fever. I understand that no assurance can be given that the influenza vaccination will give me immunity from contracting any strain of influenza.

I hereby acknowledge that I have received a copy of the OccuVax, Notice of Privacy Practices that has an effective date of July 2017.

I release OccuVax, its employees, representatives and agents from any liability for giving me the influenza vaccination. I agree to indemnify, defend and hold OccuVax harmless from any claim. I accept responsibility for seeking medical attention for any problems associated with my receiving the influenza vaccination. I have had the opportunity to have my questions answered.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For OccuVAX Nurse Use Only***			
<b>Influenza:</b> Site/Dose:*/0.5ml given IM, L ____ R ____ Deltoid *(Assuming R deltoid if none noted)	<b>MFG:</b>		<b>Lot:</b>
	<b>Expiration Date:</b>		
	<b>Administered By:</b>		

(Nurse Signature)

## Flu Vaccination Information

Prior to an injection of any vaccine, all known precautions should be taken to prevent potential reactions. This includes a review of the patient's medical history with respect to possible allergic reaction or sensitivity to the vaccine. This also includes a previous immunization history and up to date health evaluation.

- The influenza vaccine is contraindicated in person's sensitive to egg, chicken or influenza viral protein.
- Immunization should be delayed if there is active or suspected infection.
- The vaccine should not be given to patients with a history of anaphylaxis to polymixin and neomycin.
- The vaccine should not be given to anyone that is allergic to Thimerosal (a Mercury derivative)

### **SIDE-EFFECTS and SPECIAL PRECAUTIONS:**

- Local reaction, possibly with inflammation and lymphangitis. At the site of injection an induration or sterile abscess may develop. Fever and malaise sometimes occur and severe febrile reactions have been reported.
- Risk of Shoulder Injury Related to Vaccine Administration (SIRVA). SIRVA is thought to be a result from the unintentional injection of a vaccine into tissues and structures underneath the deltoid muscle. SIRVA could lead to severe, persistent shoulder pain, with restriction of function. It might include a diagnosis similar to bursitis, tendinitis, rotator cuff tear, frozen shoulder, impingement syndrome and/or adhesive capsulitis.
- Hypersensitivity reactions may occur and anaphylaxis has been reported in some cases.
- Various neurological syndromes have been temporally associated with administration of influenza vaccine, the most notable report being Guillain-Barre' syndrome occurring after vaccination with inactivated swine influenza vaccine in 1976.
- Influenza vaccination has been associated with development and exacerbation of Henochschoniem purpura.

### **PRECAUTIONS:**

- Inquiry regarding previous hypersensitivity should precede the administration of the influenza vaccine.
- Vaccination should be postponed in patients suffering from any acute illness although minor infections without fever or systemic upset are not regarded as contra-indications.
- Caution should be observed in patients with less severe manifestations of antibiotic hypersensitivity.
- Measures to treat anaphylaxis, including adrenaline should be immediately available.
- Before injection of a vaccine any alcohol or disinfectant used for cleansing the skin should be allowed to evaporate.
- Influenza vaccine should not be administered during pregnancy unless it is considered that there is a significant risk of exposure to infection.
- As with any vaccine, vaccination with influenza vaccine may not protect 100% of recipients from influenza