

**Influenza Vaccine Consent Form 2009-2010**

Name: (Last)		(First)	(Middle)
Date of Birth		ID:	
<p><b>You should not receive the Influenza vaccine if:</b>          You have ever had a serious allergic reaction to eggs, thimerosal preservative, or to a previous dose of influenza vaccine. You have a history of Guillain-Barre Syndrome (GBS). You are ill.</p> <p><b>Speak to your doctor if you are pregnant.</b>          Influenza vaccine is indicated and recommended if your due date falls during the influenza season. (November to March).</p> <p><b>Possible reaction(s):</b></p> <p><b>Mild:</b>          Soreness or redness at the site of the shot    Fever    Body aches</p> <p><b>Severe:</b>          Acute allergic reaction – high fever, confusion, difficulty breathing, hives, 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 - (occurs in 1-2 cases per million persons vaccinated)</p>			
<b>Are you ill today?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Are you pregnant?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Are you allergic to eggs?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Are you allergic to thimerosal?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever had a severe reaction to an influenza vaccine?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you had Guillain-Barre Syndrome?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p><b>Consent: I have read the Influenza vaccine information sheet dated 8/11/09. I have been provided an opportunity to ask questions about the disease and the treatment . I understand the risks and benefits of the vaccination. 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 I should not receive this vaccine if I have a severe allergy to eggs, have had a severe reaction to a previous Influenza vaccine, or if I have had Guillain-Barre Syndrome. I hereby request the influenza vaccine for 2009-2010.</b></p>			
Signature: _____		Date: _____	
Lot #:            UT023DA	102138P1A	VIS: 8/11/09	
Exp. Date:    04/03/11	03/31/2010		
Dose    0.25    0.5 cc    IM	Location:    R    or    L            thigh    deltoid		
Administered By: _____		Date:            12/03/2009	