

**The Best Kids Influenza Vaccine Consent Form 2011 - 2012**

(Last Name)	(First Name)	(MI)	Date of Birth
<p><b>You should not receive the Influenza vaccine if :</b>          You have ever had an anaphylactic reaction to eggs or a previous dose of influenza vaccine. You are less than 6 months old . You have a moderate to severe febrile illness.</p> <p><b>Speak to your doctor if you:</b> are pregnant, have an immunodeficiency, have had a nerve or muscle disorder, are a child or adolescent on long-term aspirin therapy, or are around someone who has a weakened immune system that requires a protected environment.</p> <p><b>Possible reactions - Mild:</b> Sore, red or itchy at the site of the shot; body aches, or fever.  <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 – that resolves, may occur later. This occurred only in 1976 in about 1 to 2 cases per million persons vaccinated.</p>			
<b>Are you ill today?</b>	YES	NO	
<b>Are you pregnant?</b>	YES	NO	
<b>Are you allergic to eggs?</b>	YES	NO	
<b>Do you have a weak immune system?</b>	YES	NO	
<b>Have you ever had a severe reaction to an influenza vaccine?</b>	YES	NO	
<b>Have you had Guillain-Barre Syndrome?</b>	YES	NO	
<p><b>Consent: I have read the Influenza vaccine information sheet dated 7/26/11. 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 had: an anaphylactic reaction to eggs, a severe reaction to a previous Influenza vaccine, or Guillain-Barre Syndrome. I hereby request the influenza vaccine for 2011 - 2012.</b></p>			
Signature: _____ Date: _____			
Lot# 6-35M      A= UT4118CA      Exp 30 Jun 2012 >=36M      B= UT450AA      Exp 30 Jun 2012 Mist 2-49 Y      C= 501094P      Exp 04 Dec 2011	VIS: 7/26/11		
Dose    0.25    0.5 cc    IM      Nasal	Location:    R    or    L  Nose    Thigh    Arm		
Administered by:	Date:		