

## Influenza Vaccination Consent Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Screening for influenza vaccine eligibility**

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Do you have a severe allergy to eggs?                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Have you ever had a life-threatening reaction to the influenza vaccine? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Do you have a history of Guillain-Barre Syndrome?                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Are you moderately or severely ill today? (fever >100.4F, cough, CoVid) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Are you pregnant?      LMP: _____                                       |                          | Yes |                          | No |

*If yes to any questions 1-3 then DO NOT vaccinate with influenza vaccine. If yes to question 4, vaccinate when resident has recovered. If yes to question 5, must produce letter of consent from current OB GYN.*

I have read or had explained to me the Vaccination Information Statement about influenza vaccination and I understand the benefits and risks of influenza vaccination. I request that the influenza vaccination be given to me (or the person named above for whom I am authorized to make this request).

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

Name (print or type): \_\_\_\_\_

Student ID / 900#: \_\_\_\_\_

**To be completed by person administering vaccine**

Measured Temp: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Flu Season Dates: 20\_\_\_\_ - 20\_\_\_\_

Site of Injection:     R     L      Administered by: \_\_\_\_\_

Lot Number: UT7006KA

Manufacturer: Sanofi Pasteur

Expiration Date: June 30, 2021

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact student health at stuhealthgv1@ung.edu or 678-696-2676.

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

**Influenza vaccine** can prevent **influenza (flu)**.

**Flu** is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only

1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination. There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- ♦ Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- ♦ Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

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## VACCINE INFORMATION STATEMENT

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### 4 Risks of a vaccine reaction

- ♦ Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- ♦ There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

### 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

### 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- ♦ Ask your healthcare provider.
- ♦ Call your local or state health department.
- ♦ Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's [www.cdc.gov/flu](http://www.cdc.gov/flu)

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Vaccine Information Statement (Interim)  
**Inactivated Influenza  
Vaccine**