

PLEASE PRINT!

Seasonal Flu Vaccine Consent Form

Name: (Last)	(First)	UMID#
Date of Birth (e.g., 1/2/1972)	Job Title or Position:	
Department Name:	Work Phone:	
Work Address:	Building Name:	Room#:
Work Location: <input type="checkbox"/> Medical <input type="checkbox"/> Gables <input type="checkbox"/> RSMAS <input type="checkbox"/> UMHC/SCCC <input type="checkbox"/> BPEI <input type="checkbox"/> UMH <input type="checkbox"/> Other _____		
Job Class: <input type="checkbox"/> MD <input type="checkbox"/> Med Student <input type="checkbox"/> PhD <input type="checkbox"/> ARNP <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> Other UM Student <input type="checkbox"/> Other: _____		
<p>Fluzone is latex and thimerosal free. You should not receive Influenza vaccines if: You have any severe, life-threatening allergies; if you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine (most, but not all, types of flu vaccine contain a small amount of egg protein, however, egg free vaccine is available); if you ever had Guillain-Barré Syndrome (also called GBS); or if you are not feeling well. It is usually okay to get the flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.</p> <p>Possible reactions to the Flu vaccine: <i>Mild:</i> Soreness or redness at the site of the shot; fever; body aches. <i>Severe:</i> Acute allergic reaction – high fever; confusion; difficulty breathing; hives; rapid heartbeat – would occur within a few minutes of the vaccine. Guillain-Barre Syndrome – progressive muscle weakness and paralysis – may occur within days to weeks after the Flu vaccine.</p>		
1. Do you work with patients or work in an area where patients are seen?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you feel sick or have a high fever today?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have severe allergy to eggs? (If YES, give Egg Free Vaccine)		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had a severe reaction or anaphylaxis to a previous flu vaccine?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had Guillain-Barre Syndrome (a severe paralyzing illness)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you allergic to Latex?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. List any other allergies: If you have had recent chemotherapy, radiation therapy, or steroids, these conditions may decrease the effectiveness of the vaccine. However, flu vaccination is still recommended. Flu vaccination is recommended for any woman who will be or is pregnant or breastfeeding during the influenza season. Vaccination can be given in any trimester.		
Consent I have read the Influenza vaccine information sheet dated 8/7/2015. I have been provided an opportunity to ask questions about influenza and its treatment. I understand the risks and benefits of the vaccination. I understand that the vaccination that I am about to receive is a single shot and it will not be fully effective for approximately two weeks. 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 the flu vaccine if I have ever had a life-threatening allergic reaction to a previous influenza vaccine, or have a severe allergy to any part of this vaccine or if I have ever had Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). I hereby give consent to receive the influenza vaccine.		
Signature of Vaccine Recipient: _____		Date: _____

Do not write below this line. OFFICE USE ONLY- PLEASE PRINT

NAME OF YOUR CLINIC (for example, UMH):		Today's Date:
Name of Flu Vaccine:	Manufacturer:	Route <input type="checkbox"/> Intramuscular 0.5 ML
Lot Number:	Expiration Date:	Location: <input type="checkbox"/> R Deltoid <input type="checkbox"/> L deltoid
Administered by (CLEARLY PRINT YOUR NAME):		