



**Influenza (Flu) Vaccine
Group Immunization Informed Consent Form**

The Flu: Influenza (flu) is a respiratory infection caused by viruses. When people get the flu, they may have fever, chills, headache, dry cough, or muscle aches. Illness may last several days or a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people.

The Vaccine: An injection of flu vaccine will not give you flu because the vaccine is made from killed viruses. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration and the Public Health Department.

Risks & Possible Side Reactions: Side effects of influenza vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches or muscular aches. These symptoms last up to forty-eight hours.

A smaller percentage of persons who received the 1976 swine flu vaccine suffered paralysis called Guillain-Barre Syndrome (GBS). GBS is usually self-limiting, and most persons with GBS recover without permanent weakness. Data on the occurrence of GBS have been collected during three influenza seasons since the surveillance began in 1978. These data suggest that, in contrast to the 1976 situation, the risk of GBS in recipients of influenza vaccine was not significantly higher than the non-vaccines.

Special Precautions:

- Children under three years of age and pregnant women should consult their personal physicians before receiving this vaccine.
- Persons who are allergic to eggs, chickens, chicken feathers or chicken dander should not receive this vaccine until they have consulted their personal physicians.
- Persons with fever should not receive this vaccine. Persons who have received another type of vaccine within the past fourteen days should see their personal physicians before receiving this vaccine.
- If you have a reaction, see your personal physician immediately. If you have any questions, please ask.

Consent: I have read the above information and have had an opportunity to review the vaccine information statement and ask questions. I understand the benefits and risks of flu vaccination as described. I request that the vaccine be given to me.

Information Concerning Person to Receive Influenza Vaccine			
Name (Please Print):		Date of Birth:	
Signature of Person to Receive Vaccine or Parent or Guardian if under 18 years old:		Department:	
Manufacturer Lot #:		Expiration Date:	
Site:	Given by:	Date:	