

INFLUENZA VACCINATION CONSENT FORM 2007-2008

Occupational Health is recommending that I receive the influenza vaccination in order to PROTECT MYSELF, MY FAMILY, MY CO-WORKERS AND OUR PATIENTS. WHY?

- ✓ **FLU STILL CAUSES MANY DEATHS** — Influenza is a serious respiratory disease that kills an average of 36,000 people in the U.S. **every year**
- ✓ **I CAN SPREAD FLU TO PATIENTS EVEN IF I DON'T HAVE SYMPTOMS** — Patients most at risk are infants, older adults, pregnant women and those with chronic diseases. **Many of these people don't respond to the vaccine themselves and rely on others to be vaccinated**
- ✓ **THE INJECTABLE VACCINE CANNOT MAKE ME SICK** — **I cannot get the influenza disease from the influenza vaccine because the vaccine does not contain live virus.**

There are very few contraindications to the flu shot: 1) allergic reactions to the vaccine are rare but people with a severe egg allergy (as the vaccine is grown in eggs) should not get the vaccine; 2) a severe allergy to any vaccine component is also a reason to not get the vaccine; and 3) people with a history of Guillain-Barré Syndrome (a severe paralytic illness) should not get the vaccine. Also, people who are moderately or severely ill should usually wait until they recover before getting flu vaccine; people with a mild illness can usually get the vaccine.

Knowing this,

- ☐ **I will accept the influenza vaccine, as it is my responsibility. I HAVE READ THE VACCINE INFORMATION SHEET AND HAVE NO KNOWN CONTRAINDICATIONS (see section 5 of CDC's Vaccine Information Sheet) AND HAVE NO ADDITIONAL QUESTIONS**
- ☐ **I received the vaccine for the season, sometime between Sept. 2007–April 2008**
- ☐ **Whether for personal or medical reasons, I choose not to receive the vaccine at this time.**

I understand that I may change my mind and if the vaccine is still available, I can still get it later from my Occupational Health provider.

I have read and fully understand the information on this form.

Signature: _____ Date: _____
Printed Name: _____

Guardian Consent (THIS SHOULD BE REVIEWED BY YOUR LEGAL COUNSEL)

Note: this Consent must be signed by a parent or legal guardian of a minor (under 18 years of age) who wants to be vaccinated.

I am the parent/legal guardian of _____ who wants to be vaccinated against influenza (the 'flu'). By my signature below, I am indicating that **I HAVE READ THE CDC's VACCINE INFORMATION SHEET, THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE NAMED INDIVIDUAL HAS NO KNOWN CONTRAINDICATIONS** (see section 5 of the CDC Vaccine Information Sheet), that I have no additional questions and that I am consenting to my Occupational Health provider to administer the inactivated influenza vaccine to him/her.

Parent or Guardian's Name (Printed) Signature of Parent or Guardian

Vaccine Administrator to complete:

Vaccine Manufacturer: _____	
Vaccine Lot#: _____	Site of Administration: R L Deltoid
Date Vaccinated: _____	Vaccine Information Sheet Given: Y N

Name of Vaccine Administrator (Printed) Signature of Vaccine Administrator

Source: Craig Thorne, MD, MPH, National Medical Director, Erickson Retirement Communities, Clinical Assistant Professor of Medicine, University of Maryland School of Medicine.