

SAMPLE Consent/Declination for Influenza Vaccine 2005-2006

Influenza (flu)

Influenza is a highly infectious viral illness. It causes an estimated 114,000 excess hospitalizations and 36,000 deaths every year in the United States. Influenza-related complications for high-risk people are primary pneumonia, bacterial pneumonia or severe disease in elderly or pregnant women and immunocompromised people.

Symptoms of the flu may include fever, chills, dry cough, headaches, sore throats, and muscle aches. These symptoms may persist for several days.

The vaccine

Influenza vaccine is the primary method for preventing influenza and its severe complications.

Receiving the vaccine protects health care workers, their patients, and communities, and will improve prevention, patient safety, and reduce disease burden.

The inactivated (killed) influenza vaccine is made from highly purified egg-grown viruses that have been made non-infectious. The vaccine contains the three virus strains believed likely to circulate in the United States during the upcoming flu season. Protection develops about two weeks after the injection and may last up to a year. The 2005-2006 vaccine will give protection against the following strains:

- A/New Caledonia/20/99-like (H1N1);
- A/California/7/2004-like (H3N2); and
- B/Shanghai/361/2002-like antigens.

Possible risks from influenza vaccine

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm or

death is extremely small. Almost all people who get the vaccine have no serious problem. *The viruses in the vaccine are killed, so you cannot get influenza from the vaccine.*

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the shot.

Advise the nurse if you have any of the following conditions:

- bleeding disorder
- fever or infection
- an immune deficiency (natural or due to cancer chemotherapy, radiation, or steroid therapy)
- infection with the human immunodeficiency virus
- Guillain-Barre syndrome or other neurological problems
- an unusual or allergic reaction to latex or rubber
- an unusual or allergic reaction to influenza virus vaccine, eggs, thimerosal, other medicines, foods, dyes or preservatives
- pregnant: women who are pregnant during the influenza season are recommended for vaccination at any stage of pregnancy

I have read and understand the above information:

I consent to receive the vaccine: DATE: _____ PRINT Name: _____ SIGN Name: _____

Date of Birth: _____ SS#: _____ DEPARTMENT NAME: _____

(must show badge or GDAHA card)

Site: L R Deltoid VIS Given Pub Date: 7-18-05

Lot#: _____ Exp. Date: _____ Person Administering: _____ Date: _____

I DECLINE THE VACCINE:

PRINT NAME: _____ SIGN NAME: _____ DATE: _____

DEPARTMENT NAME: _____ SS#: _____

I have received the (check one): _____ live nasal or _____ inactivated flu vaccine from another source.