

Influenza Vaccination Consent Form

Please complete and bring this form with you to receive the vaccine (***PLEASE PRINT***).

Name of individual receiving vaccination (Patient): _____ Birth date: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home telephone: _____ Emergency contact name & number: _____

Mother/Father or Legal Guardian's Name (If under 18 years of age) – ***Please Print*** _____

PLEASE CIRCLE YES or NO: LCCC Student: YES NO LCCC Staff: YES NO If yes, department _____

Emergency Responder: YES NO If yes, Dept. _____ Town _____ Phone # _____

Please circle YES or NO to the questions below:

- | | | | |
|---|--------------|----------------|-----------------------------------|
| 1. Are you allergic to eggs, egg proteins, or to another component of influenza vaccines? | Yes | No | |
| 2. Have you ever had a serious reaction to an influenza vaccine? | Yes | No | |
| 3. Have you ever had Guillain-Barre syndrome? | Yes | No | |
| 4. Do you have asthma or recurrent or active wheezing? | Yes | No | |
| 5. If you are under 18 years of age currently receiving aspirin or aspirin containing therapy? | Yes | No | |
| 6. Do you have any diseases (e.g., cancer, lupus, or human immunodeficiency virus [HIV] or acquired immunodeficiency syndrome [AIDS]) or take a medication (e.g., steroids or chemotherapy) that lowers the body's resistance to infection? | Yes | No | |
| 7. Have you received a vaccine within the past 30 days? | Yes | No | |
| If yes, please list name of vaccine(s): _____ Date _____ | | | |
| 8. Do you have any of the following long-term health problems?
(PLEASE CIRCLE) | | | |
| heart disease | lung disease | kidney disease | metabolic diseases (eg, diabetes) |
| other _____ | | | |
| 9. Are you or do you suspect you are pregnant or are you nursing? | Yes | No | |
| 10. Please let us know if you have close contact with anyone who has a weakened immune system and must be in a protective environment (eg, an individual who has had a bone marrow transplant). Please describe: | | | |

Note: If you answered YES to questions 1, 2, or 3, the Patient should **NOT** receive an influenza vaccine through the vaccination program. If you answered YES or left blank any of the questions 4 through 10, the Patient should **NOT** receive an intranasal influenza vaccine, but is recommended to receive an injectable influenza vaccine.

I have been given the Centers for Disease Control and Prevention Vaccine Information Sheets. I have read these documents and have no further questions at this time. I understand the risks and benefits of both vaccines. I request and voluntarily consent that influenza vaccine be given to the undersigned, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine.

Allergies or medical alert: _____

Only the Inactivated injectable influenza vaccine has been requested.

Inactivated injectable influenza vaccine ONLY

Name of Patient: _____ Signature of Patient: _____ Date: _____

If the Patient is under the age of 18 years old:

Name of Parent _____ Signature of Parent of Legal Guardian: _____ Date _____

Are you interested in knowing why certain questions are on the Influenza Vaccination Consent Form? If so, please read the information below. If you have additional questions, consult your health-care provider.

1. Are you allergic to eggs, egg proteins, or to another component of the vaccine?

History of anaphylactic reaction—such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting)—after eating eggs or receiving any component of an influenza vaccine is usually a contraindication for further doses. Please check with your health-care provider to see if your child has allergies that would prevent immunization against influenza disease.

2. Have you ever had a serious reaction to an influenza vaccine?

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination.

3. Have you ever had Guillain-Barre syndrome?

It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barre syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons. Although data are limited, the established benefits of influenza vaccination for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

5. Do you have asthma or recurrent or active wheezing?

The intranasal influenza vaccine is not recommended for children with possible reactive airways disease (eg, history of asthma or recurrent wheezing or whose parent or guardian answers yes to this question). Instead, they should be given the injectable influenza vaccine.

6. If you are under 18 years of age currently receiving aspirin or aspirin containing therapy?

Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given the intranasal influenza vaccine. Instead they should be vaccinated with the injectable influenza vaccine.

7. Do you have any diseases (eg, cancer, lupus, or HIV/AIDS) or take a medication (eg, steroids or chemotherapy) that lowers the body's resistance to infection?

Persons with weakened immune systems should not be given the intranasal influenza vaccine. Instead, they should be given the injectable influenza vaccine.

8. Have you received a vaccine within the past 30 days?

Persons who were given a live virus vaccine (eg, MMR, MMRV, varicella, yellow fever) in the past 4 weeks should wait 28 days before receiving another live virus vaccine (eg, the intranasal influenza vaccine). There is no reason to defer giving a live virus vaccine (eg, the intranasal influenza vaccine) if they were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (eg, immunoglobulin [IG]).

9. Do you child have any long-term health problems?

Persons with any of these health conditions (listed in question 9) should not be given the intranasal influenza vaccine. Instead, they should be vaccinated with the injectable influenza vaccine.

10. Are you or do you suspect you are pregnant or are you nursing?

It is recommended that pregnant women receive injectable influenza virus vaccine. Pregnant women or women planning to become pregnant within a month should not be given the intranasal influenza vaccine. If you have any concerns, please consult your child's health-care provider.

11. Are you in close contact with anyone who has a weakened immune system?

Vaccination against influenza disease is recommended for any household contact of a person with a weakened immune system. Injectable influenza vaccine is preferred for persons who have close contact with severely immunosuppressed persons during periods in which the immunosuppressed person requires care in a protective environment.

If you have any questions regarding influenza vaccination, please contact your health-care provider.