

**PATIENT CONSENT
INFLUENZA 2023-2024**

Patient Information

Last Name	First Name	Date of Birth	Age	Gender
Address		City	State	Zip
Social Security Number	OR	State or Company Issued ID (Include ID# and State/Company)	Telephone	

Prevaccination Screening Questions

The following questions will help us determine if there is any reason you should not get the Influenza vaccine today. **If you answer "YES" to any question, it does not necessarily mean you should not be vaccinated.** It just means your healthcare professional may ask additional questions. If a question is not clear or you need assistance completing this form, please ask a member of our team for help.

Clearly mark your answers for each question below with an "X"

1	Are you feeling sick today?	YES	NO
2	Are you allergic to eggs or any component of the flu vaccine?	YES	NO
3	Have you had a reaction to a prior flu vaccine?	YES	NO
4	Did you develop Guillian-Barré syndrome after a previous flu vaccine?	YES	NO

Consent for Services

By signing below, I am requesting that this vaccine be given to me, or to the person named above for whom I am authorized to make this request, and hereby acknowledge and agree that:

I have read or have had explained to me the Center for Disease Control's Influenza Vaccine Information Sheet. I have had a chance to ask questions. All of my questions have been answered to my satisfaction. I understand the benefits and the risks of the Influenza vaccine. I have never had a serious reaction to Influenza vaccination. If the patient is a minor, I attest that I am either the natural parent, adoptive parent or legal guardian of the Minor. I request that the vaccine be given.

I hereby release and hold harmless Medcor, Inc., its employees, agents, contracted physicians, program sponsors, and this facility and its owners/operators and employees from all responsibility for any adverse reactions or events that may occur as a result of this vaccination. This release shall be binding upon my heirs, assigns, executors, administrators, and personal representatives.

X _____ Date
Signature of patient to receive vaccine (or parent, guardian, or authorized representative)
If signing on behalf of the patient, you are stating that you are authorized to provide the required consents on behalf of the patient.

 Name of parent, guardian, or authorized representative Phone Number Relationship

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Medcor Advocate: By signing below I am confirming that I have reviewed the Prevaccination Screening Questions above and have determined that the patient is eligible to receive the vaccination today.

X _____ **Date**
Signature of Medcor Advocate

Vaccine (check one)	Date Administered	Dose	Route	Administrator	Time Administered
Flucelvax QIV MDV			IM		AM
Flucelvax QIV PFS					PM
Fluvad QIV PFS					

Manufacturer	Lot #	Expiration Date	Site
			Deltoid
			LEFT
			RIGHT

I have reviewed this clinic's Standing Order for this vaccine and have determined that the Standing Order is current and that the patient is eligible to receive this vaccination today.

Vaccine Information Statements may be downloaded from <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.

