



Influenza Vaccine Consent Form 2020-2021

I have read, or have had explained to me, the CDC Vaccine Information Statement about influenza and the influenza vaccine. I understand that this vaccine may cause flu-like symptoms in some people and in rare incidents Guillain-Barre Syndrome. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me (or person named below for whom I am authorized to make this request).

You should not receive the influenza vaccine if any of the following apply:

- You have ever had a serious allergic reaction to eggs, formaldehyde, gelatin, or to a previous dose of influenza vaccine.
- You have a history of Guillain-Barre Syndrome (GBS).
- You are ill.

Possible reactions:

Mild: Soreness or redness at the site of the shot, fever, and body-ache.

Severe: Acute allergic reactions such as high fever, confusion, difficulty breathing, hives, and rapid heartbeat would occur within a few minutes of the shot.

Guillain-Barre Syndrome-progressive muscle weakness and paralysis may occur a week after the vaccine. This occurs in 1-2 cases per million people vaccine.

Please answer the following questions:

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| 1. Do you have fever or/and cold-like symptoms? | Yes / No |
| 2. Are you currently taking immunosuppressive medications? | Yes / No |
| 3. Are you currently taking aspirin? | Yes / No |
| 4. Are you allergic to eggs? | Yes / No |
| 5. Have you ever had a reaction to a flu vaccine? | Yes / No |
| 6. Have you had Guillain-Barre Syndrome? | Yes / No |
| 7. Are you allergic to latex? | Yes / No |
| 8. Have you ever had a severe reaction to formaldehyde? | Yes / No |
| 9. Have you ever had a severe reaction to gelatin? | Yes / No |
| 10. Are you under the age of 3? | Yes / No |

Patient's Name: _____

Patient's Signature: _____

Date of Birth: _____