



Influenza Virus Vaccine Information/Consent Form

BENEFITS

Influenza is a contagious respiratory infection caused by a virus that changes every year, or even within the same year. This highly contagious infection is characterized by a sudden onset of symptoms that may include: fever, chills, headache, a cough and a sore throat. It is spread through the air by coughing and sneezing and /or by direct contact with contaminated objects.

THE SINGLE MOST EFFECTIVE WAY TO PREVENT OR REDUCE THE SEVERITY OF INFLUENZA IS TO HAVE “FLU” VACCINE ANNUALLY IN THE EARLY AUTUMN.

The flu vaccine has been shown to reduce the risk of getting the flu from the strains of virus (or closely related strains) that are prevalent in that particular year; therefore is effective for that one season only.

RISK/SIDE EFFECTS

Less than 1/3 of the individuals receiving the vaccine may experience some soreness or redness at the site for 1-2 days.

Fever malaise, muscle aches occur infrequently and may last 1-2 days. Medication, like Tylenol may be taken to relieve any discomfort.

Allergic reactions:hives, swelling of mouth and throat, difficulty breathing, low blood pressure are rare and usually occur immediately after injection. Please wait in the Clinic Area after vaccination to be observed for any reaction.

Contraindications

Flu Vaccine should not be administered to persons who:

- 1) Have an allergy to Eggs,or Egg Products,
- 2) Have had a previous reaction to an influenza vaccine or any vaccine
- 3) Have a known allergy to Thimersol or who have experienced anaphylactic reaction to Neomycin (Neomycin allergy applicable with Vaxigrip vaccine only)
- 4) Have fever, acute illness or active infection at the time of immunization
- 5) Have an active neurological disorder, or who have developed Guillain-Barre Syndrome within 6-8 weeks of a previous influenza vaccination

NOTE:

THE INFLUENZA VACCINE CANNOT CAUSE INFLUENZA DISEASE AS THE VACCINE CONTAINS NON INFECTIOUS (KILLED) VIRUSES.

A respiratory infection after vaccination is purely coincidental and not related to the vaccination.

The influenza vaccine is protective against influenza and not against the common cold/“flu” which can be caused by any number of different viruses.



INFLUENZA VACCINE RISK QUESTIONNAIRE (please circle 'yes' or 'no')

Have you had 'Flu' vaccine in the past? If yes when? _____	YES	NO
Have you ever had an allergic reaction to the influenza vaccine, i.e. hives, swelling of the mouth and throat, difficulty breathing, low blood pressure, shock?	YES	NO
Are you allergic to eggs?	YES	NO
Do you have a known sensitivity to Thimersol, neomycin or Formaldehyde? (Very minute amounts of these may be used in the manufacturing of this vaccine. Neomycin anaphylactic allergic reaction only applies if Vaxigrip vaccine used.)	YES	NO
Do you have fever or infection at this time? If yes, vaccination should be postponed	YES	NO
Do you have an active neurological illness which is unstable, or under investigation or changing.(refer to family physician)	YES	NO
Do You have a history of Guillain Barre syndrome?	YES	NO
Have you ever experienced redness of your eyes, or chest tightness after a flu vaccine?	YES	NO
Are you taking oral Theophylline at this time? If yes, refer to family physician.	YES	NO
Are you pregnant? If yes consult physician	YES	NO

DATE	DOSE	ROUTE	COMMENTS	SIGNATURE (OHN/MD)

Consent For Influenza Immunization

I authorize the Occupational Health Service Staff to administer an intramuscular injection (deltoid area, upper arm) of influenza vaccine. I agree to report to the Occupational Health Service if I should develop any side effects or health problems subsequent to the vaccination. I have read and understood the above information and all of my questions have been answered to my satisfaction.

Name _____
(Print)

Personnel Number _____

Signature _____

Age (years) 19-64 ___ or >=65 ___ (Please mark one)

(Faculty/Department)

(Phone Number)