PASSPORT HEALTH®
First Class Medical Care For Travel Anywhere
The Vaccine People

INFLUENZA IMMUNIZATION CONSENT

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Influenza (flu) is a respiratory disease caused by influenza virus infection. The types, or strains, of influenza virus that cause illness may change from year to year, or even within the same year. People who get flu may have fever, chills, headache, dry cough, and muscle aches, and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications, including death, may occur.

Vaccine

The regular flu vaccine contains killed influenza virus of the types selected by the U.S. Public Health Service and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration. The types of virus included are those that have most recently been causing influenza. The vaccine will not give you flu because it is a killed virus vaccine. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals.

Risks and Possible Side Effects

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm where the injection was given, or possibly fever, chills, headache, or muscle aches. These side effects usually last 24 to 48 hours. Most people who receive the vaccine either have no reaction or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Also, medical events completely unrelated to the vaccine may occur coincidentally following vaccination.

Unlike the 1976 swine influenza vaccine, flu vaccines used since then have **not** been clearly connected with an increased frequency of Guillain-Barré syndrome, which is associated with paralysis.

Contraindication

Vaccination is generally not recommended for the following people:

1. Allergy to eggs or egg products.
2. Acute febrile illnesses (Fever over 101° F)
3. Anaphylactic reaction to a previous dose.
4. Allergy to Thimerosal (preservative found in contact lens solution).

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with your physician before receiving the vaccine.

If you experience any significant reactions, see your physician.

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For Clinic Use

Date of Vaccination:______________ Manufacturer & Lot #: ____________________________ Site: IM ☐ Right ☐ Left

Administered By:__________________________ Clinic Site:_______________________________ Payment:____________

I have read the above information about Influenza and Influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of Influenza vaccination and request that the vaccine be given to me. I understand Passport health is not a Medicare provider, and does no insurance billing or filing of forms. I am responsible for all fees.

Information-Person to Receive Vaccine

Name:____ Date of Birth:____________________ Age:____________

Street Address:____ City:_______________ State:____________ Zip:___________

Signature:____ Daytime Phone #:______________________________

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