

The Vaccine

The influenza (flu) vaccine is an injection which helps the body protect itself against the flu virus. It lowers your risk of getting infected with flu and lowers the risk of complications if you do get the flu.

The flu vaccine is recommended yearly for persons with a high risk of complications from infection including:

- Persons with chronic disease such as diabetes, anemia or heart disease.
- Persons over age 65.
- Health care workers having frequent patient contact

You **SHOULD NOT** receive this vaccine if you:

- Are allergic to eggs or mercury
- Have a history of Guillain Barre Disease

Vaccine Side Effects:

You may experience mild side effects starting within 6-12 hours and lasting up to 2 days. These side effects include slight fever, muscle aches, and soreness around the injection site. Severe side effects, although extremely rare, may include neurological problems (Guillain Barre Disease) or respiratory distress.

Comfort Measures Post Immunization:

In the event that you have a fever, muscle ache, or soreness around the injection site, you may apply an ice pack to the injection site. You may also take Tylenol or Advil, as directed per package, for pain or fever.

CONSENT

Print First & Last Name _____ LHU ID _____

Are you, or have you ever been, allergic to eggs? Yes ___ No ___

Are you, or have you ever been, allergic to mercury? Yes ___ No ___

Do you have any allergies to foods or medications? Yes ___ No ___

If yes, explain: _____

By signing below I indicate that:

I have read the information about the influenza vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the influenza immunization. I understand that, as with all medical treatment, there is no guarantee that I will become immune from the flu, or that I will not experience side effects from the flu vaccine.

I give my consent for immunization. I have received a copy of the 2020-2021 Influenza Vaccine Information Sheet.

Patient Signature

Date

Site: Left Deltoid Right Deltoid

Vaccine: GlaxoSmithKline FluLaval Quadrivalent Dose: 0.5 ml Lot 724K2 Expiration 6/30/2021

Nurse Signature _____ Date _____