



Employee Consent for Influenza (Flu) Vaccine

AVAILABLE SEPTEMBER 1ST – OCTOBER 31ST

Description:

The flu is a viral infection in the nose, throat, and lungs which can spread rapidly from person to person usually by air-borne droplets carried in a cough or sneeze. The flu may cause fever, cough, sore throat, a runny nose or stuffy nose, headache, muscle aches and tiredness. The flu can lead to serious, even life-threatening diseases such as pneumonia.

The flu vaccine (injection) is an inactivated-vaccine (containing killed virus) that is given intramuscularly in the arm. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

The flu vaccine (intranasal) is a live attenuated vaccine (contains live but weakened influenza virus.) It is sprayed into the nose, both sides. This is recommended for those ages 2 through 19 who are not pregnant and who do not have underlying health issues. All others should receive the flu vaccine injection.

Unless otherwise contraindicated, it is strongly recommended that yearly influenza vaccines be administered. Sun Health La Loma Care Center may or may not offer both forms of the vaccine each year.

Possible Reactions:

The virus cells in the flu shot are killed (inactivated), so you cannot get the flu from the flu shot. Some minor side effects that occur are: Soreness, redness, or swelling at the injection site, fever (low grade), or body aches. On rare occasions, flu vaccination can cause serious problems such as severe allergic reactions.

Contraindications:

You should consult your physician before taking the flu vaccine if any of the following pertain to you: Reaction to an influenza vaccination in the past, or history of Guillain-Barre Syndrome. If you are currently ill with a fever, you should wait until your symptoms lessen before taking the flu vaccine.

_____ (initial) I do hereby give consent to be given the currently available Flu Virus Vaccine and understand that this product is egg free. The benefits and/or risks of the vaccine have been discussed with me and I have had the opportunity to ask questions

Print Name Legibly

Date

Signature

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Administering Nurse's signature

Date