



*Chino Hills Family
Medical Group*

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Chino, Ca 91710

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Influenza Vaccine Consent Form 2019-2020

Name: _____ Date: _____

Address: _____

Phone Number: _____ Date of Birth _____ Email: _____

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 Guillian-Barre Syndrome (GBS)
- You are ill.

Speak to your doctor if you are pregnant.

Influenza vaccine is indicated and recommended if your due date falls during the flu season (Nov-Mar)

Possible reaction:

Mild: Soreness and redness at the site of the shot, Fever, Body aches.

Severe: Acute allergic reaction-High fever, confusion, difficulty breathing, hives, and rapid heartbeat would occur within a few minutes of the shot.

Guillian-Barre Syndrome-Progressive muscle weakness and paralysis may occur a week after the vaccine. This occurs in 1-2 cases per million vaccinated.

Questions you must answer:

Circle your response

Are you ill today?	Yes / No
Are you allergic to eggs?	Yes / No
Have you ever had a severe reaction to a flu vaccine?	Yes / No
Have you had Guillian-Barre Syndrome?	Yes / No
Are you allergic to latex?	Yes / No
Have you ever had a severe reaction to formaldehyde?	Yes / No
Have you ever had a severe reaction to gelatin?	Yes / No

Consent: I have read the current influenza vaccine information sheet. I have been provided an opportunity to ask questions about the disease and the treatment. I understand the risks and the benefits of the vaccination. I understand that the vaccination I am to receive is single shot for adults and for children who have received a flu vaccine in the past.

I understand that it will not be fully effective for approximately two weeks. However, as with all vaccines there is no guarantee that I will become immune or that I will not experience side effects. I understand that one should not receive this vaccine if they have had a severe allergy to eggs, have had a severe reaction to a previous influenza vaccine, or if they have had Guillian-Barre Syndrome. I hereby request the influenza vaccine for 2017-2018 flu season, be given to myself or the person for whom I am authorized to give consent.

PatientSignature: _____ **Date:** _____

Manufacturer: _____ Exp _____ Lot # _____

Dose 0.5cc IM Location: R L Deltoid

Witnessed/Administered by: _____ Date: _____