

# INFLUENZA (FLU) VACCINE

2006-2007 SEASON

Wellness Institute at YOUR HOSPITAL

Street Address ♦ City, State Zip ♦ (202) 555 - 1212

## WHAT IS THE INFLUENZA (FLU)?

Influenza (flu) is a respiratory disease caused by the influenza virus infection. People who get the flu may have fever, chills, headache, dry cough and muscle aches, and may be sick for several days to a week or more. For some people, the flu may be especially severe, and pneumonia or other complications may develop.

## WHAT IS IN THE FLU VACCINE?

The regular flu vaccine contains killed influenza viruses of the types selected by the U.S. Public Health Service and the Center for Biologies Evaluation & Research of the U.S. Food and Drug Administration. The types of strains of virus included are those which have most recently been causing influenza. [\* (A/New Caledonia/20/99 (H1N1), A/Wisconsin/67/2005 (H3N2), and B/Malaysia/2506/2004.)]

## WHO SHOULD RECEIVE A FLU VACCINE?

Certain people are at especially high risk from flu or its complications. They include the elderly ( $\geq 65$  years old) and people of any age with certain chronic conditions such as diabetes; diseases of the heart, lungs, or kidneys; severe anemia, or lowered resistance to infection due to illness or medication. It is recommended that individuals in these high risks groups should receive the flu vaccine. The vaccine is recommended for household contacts of high risk persons and health care personnel who may be exposed to the flu, and anyone who wishes to reduce his/her chances of acquiring influenza.

I have read the above information about influenza vaccine and have had a chance to ask questions. I understand the benefits and risks of influenza vaccination. I hereby state that I do not have any of the following conditions: allergies to chicken eggs or thimerosal; received a vaccination or inoculation during the past month; acute respiratory or other active infection. I am voluntarily requesting this influenza vaccine. I agree to accept sole responsibility for any and all reactions which I may have and release Providence Hospital and its affiliated, subsidiary, and related companies from any and all liability in this regard. I will notify my physician if I have any significant reaction.

## THE WELLNESS INSTITUTE WILL NOT ADMINISTER THE VACCINE TO:

- Children under 18 years of age;
- Pregnant women without written consent from their doctor;
- People allergic to chicken egg;
- People sensitive to the preservative "thimerosal";
- People who have an active neurologic disorder (such as Guillain-Barre Syndrome);
- People who have received any vaccine within 14 days;
- People with an acute febrile illness, and;
- People who have experienced severe reaction(s) to prior flu shots.

## RISK AND POSSIBLE SIDE EFFECTS:

Side effects are generally inconsequential in adults and occur infrequently. Possible side effects include:

- Sore/tender arm at injection site.
- Fever, malaise, muscle aches, lasting 24-48 hours.
- Allergic or other serious reaction, or even death could occur.

The vaccine contains only noninfectious viruses and cannot cause influenza. Occasional cases of respiratory disease following vaccination represent coincidental illnesses unrelated to the vaccination and may occur coincidentally following the vaccination.

Unlike the 1976 Swine Influenza Vaccine, subsequent flu vaccines are not associated with increased Guillian-Barre Syndrome frequency, which is associated with paralysis.

SIGNATURE:		PRINT NAME:	
DATE:	DOB:	DAY PHONE:	

FOR CLINICAL USE ONLY:			
TEMPERATURE: <i>optional</i>	INJECTION SITE: DELTOID	<input type="checkbox"/> L <input type="checkbox"/> R	INJECTION DOSAGE: 0.5 ml
MANUFACTURER:		INJECTION ROUTE: IM	
NURSE'S SIGNATURE / TITLE:		LOT NUMBER:	
		DATE:	