

PATIENT RECORD OF INFLUENZA VACCINATION CONSENT/DECLINATION

Consent

The influenza virus vaccine is recommended for elderly and high-risk patients, their household contacts, healthcare personnel, and anyone who wishes to reduce the chance of catching influenza.

I **DO NOT** have any of the conditions listed below:

1. Serious allergy to eggs.
2. Serious reaction to previous flu vaccine.
3. History of Guillain-Barre syndrome.
4. Moderate or severe illness.

I understand that as with any medication, serious problems, even death can occur. The risks from the vaccine are much smaller than the risks from the disease. Almost all people who get influenza vaccine have no serious problems from it. If mild or moderate problems occur, they are fever, aches, or soreness/redness/swelling where the shot was given.

I understand that _____ or any persons acting as their agent are not responsible for any adverse reactions that I may sustain.

I have been offered information on influenza vaccination. I consent to the administration of the influenza virus vaccine.

Name _____ Dept. _____

Date ___/___/_____ Manufacturer _____ Lot # _____

Influenza virus vaccine 0.5cc given in _____ deltoid. By _____ Title _____

Address where vaccine was given _____

Publication date of Vaccine information sheet (VIS) _____ Date VIS given: ___/___/___

Declination

I understand that I am at risk for exposure to influenza and may be a risk for developing influenza infection. I have been given the opportunity to be vaccinated with the influenza vaccine at _____. However, I decline the influenza vaccine at this time. I understand that by declining this vaccine, I may continue to be at risk for influenza infection and I may also put patients and my other contacts at risk for influenza. Should I want the vaccine in the near future, I should notify my physician or the Employee Health nurse.

Signature of person declining to receive the vaccine

Date

Dept

Witness Date

Please check all that apply if you do not plan on getting the flu vaccine:

- I think that the flu shot can give me the flu
- I don't like needles
- Moderate to severe illness today
- Allergy to eggs
- I don't think the flu shot works
- I don't think I will come down with the flu

- I don't ever get the flu
- History of Guillain Barre syndrome
- Serious reaction to flu vaccine
- I don't feel the flu will cause serious harm to people
- Other (specify) _____