



2023-2024 Influenza Vaccine
Information & Consent and Declination Form

Information

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

The Vaccine

Influenza vaccine can prevent influenza (flu). An injection of the flu vaccine will not give you the flu! The vaccine is selected and made by the Office of Biologic, Food and Drug Administration and the Public Health Services. The Center for Disease Control and Prevention (CDC) recommends everyone 6 months and older get vaccinated every flu season.

Side Effects

Side effects of the flu shot are generally mild in adults and occur infrequently. The more common side effects experienced by some individuals, are soreness, redness, and swelling at the injection site (usually upper arm), slight fever, muscle aches, and headache.

Allergies

If you have had an allergic reaction after a previous dose of influenza vaccine, have experienced any severe, life-threatening allergies, history of egg allergy, or have ever had Guillain-Barré Syndrome (also called "GBS"), please let your vaccination provider know.

If you have a fever or have received another type of vaccine within the last 14 days, you should also consult your Provider before receiving this vaccine. If you experience signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 or go to your nearest hospital.

Consent

I have read and understand the Influenza Vaccine Information Statement (VIS) and the information contained on this form. [] (initials)

Resource: Vaccine Information Statement (Interim) Inactivated Influenza Vaccine (8/6/21) 42 U.S.C. §300aa-26 Department of Health and Human Services, Centers for Disease Control and Prevention https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf

Allergies: No [] Yes [] If yes, please list: _____

I hereby accept and voluntarily consent to receiving the _____ influenza vaccination. [] (initials)

I am declining the influenza vaccine for one of the reasons listed here: a medical condition, religious exemption, personal conviction, serious adverse reaction history, or allergic reaction to the vaccine ingredients. [] (initials)

Print Name: _____ DOB: _____

Signature: _____ Date: _____

For Office Use Only

Expiration Date: _____ NDC: _____

Lot Number: _____ Route/Site: _____

Date Given: _____ Administered by: _____