

**Scioto Urgent Care Influenza Vaccine Consent form 2006-2007**

**INFLUENZA:** (sometimes the flu) is a serious disease. Here are some facts:

1. Influenza is caused by specific viruses.
2. It spreads when influenza viruses pass from an infected person to the nose or throat of others.
3. It can lead to pneumonia or death.
4. Influenza can make people of any age ill. Although most people are only ill for a few days. Some have much more serious illness and may need hospitalized. Thousands of people die each year from influenza related illness. Most deaths caused by influenza are in elderly people.

**THE VACCINE:** since influenza viruses change frequently, the vaccine may not always cover them. Also, other viruses cause diseases that seem like the influenza and the influenza vaccine does not protect against these other viral infections. The vaccine contains viruses that are same or similar to those thought to be most likely to come to the U.S. this year. The vaccine prepared for the 2006-2007 season is made from a split inactivated virus and contains A/Wisconsin/67/2005 NYMC X-161;A/New Caledonia/20/99 IVR-116; B/Malaysia/2506/2004 hemagglutinin antigens. **All viruses in the vaccine are killed so you cannot get influenza.**

**RISKS AND POSSIBLE SIDE EFFECTS:** As with any medication, there are very small risks that pose serious health problems, even death could occur after taking the vaccine. Almost all people who get the influenza vaccine have no serious problems from it. If mild or moderate problems occur, they usually last 1-2 days:

- Soreness, redness, or swelling at site of shot.
- Fever and or aches.

Unlike the 1976 swine influenza vaccine, recent influenza shots have not been linked to a paralytic illness called Guillan-Barre (GBS) disease from which people usually recover. In 1990, 1991, 1993 and 1994 there may have been a small chance that getting GBS was linked to influenza in people 18-64 years but not in people older than 64. The chance of GBS after influenza vaccine is far less than a chance of getting severe influenza that could be prevented by the vaccine.

**SPECIAL PRECAUTIONS:** Pregnant women (and children under 3 yrs) should consult their physicians before receiving this vaccine. Persons who are allergic to **EGGS** or **EGG PRODUCTS** or persons who have received another vaccine in the last 14 days should consult their physician before receiving this vaccine. Persons with **FEVER** should not receive this vaccine. If you have reactions to the vaccine call your physician immediately.

**CONSENT:** I have read and understand the above information and have had the opportunity to ask questions. I understand the benefits and risks of influenza vaccination as described. I request that the vaccine is given to me or the person named below for whom I am authorized to sign.

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**INFORMATION CONCERNING PERSON TO RECEIVE INFLUENZA VACCINE**

X \_\_\_\_\_  
Name (please print) Signature

Social Security# \_\_\_\_\_ Date Given \_\_\_\_\_ L/del \_\_\_\_\_ R/del \_\_\_\_\_

Signature of Administrator \_\_\_\_\_

Lot# \_\_\_\_\_ Manufacturer \_\_\_\_\_ Exp. Date \_\_\_\_\_