

Consent for 2020-2021 Influenza Immunization

Flucelvax Quadrivalent

The Flu: Influenza (flu) is a respiratory infection caused by viruses. When people get flu, they may have fever, chills, headache, sore throat, dry cough and muscle aches. However, complications may lead to serious illness or death in some people, especially the elderly or those with diabetes or diseases of the heart, lung, blood, kidney or immune system. The purpose of receiving influenza vaccine is to prevent you from becoming ill with influenza, to reduce the severity of influenza if you contact it, and to reduce the chance of transmitting influenza to close contacts.

THE FLU VACCINE: Receiving the flu vaccine will not give you the flu because the vaccine is made from killed viruses which are selected by the US Public Health Service each year.

The 2020-2021 vaccine contains these four killed viruses: A/Nebraska/14/2019, A/Deleware/39/2019, B/Darwin/7/2019 and B/Singapore /INFTT-16-0610/2016.

RISKS AND POSSIBLE REACTIONS: Side effects of these vaccines are generally mild in adults and occur at low frequency. These reactions consist of soreness, redness or swelling at the injection site, fever or muscle aches.

The most common side effects in adults are injection site pain (45.4%), headache (18.7%), fatigue (17.8%), and myalgia (15.4%), injection site erythema (13.4%), and induration (11.6%). These symptoms may last up to 48 hours. Allergic reactions may also occur.

YES NO

Currently pregnant

Ever had a serious reaction or other problems after getting an influenza vaccine

Currently have a moderate or severe respiratory illness

Were ever paralyzed by Guillain-Barre syndrome

I have read the above information and I understand the benefits and risks of the vaccine as described. I request the vaccine be given to me or the person named below for whom I am authorized to sign. I authorize release of a copy of this form to the Oregon Health Plan, Medicare, and/or my Medicare HMO (if eligible), or other insurance for purposes of obtaining payment for services rendered.

X

Signature of person to receive vaccine (or parent or guardian)

date

Last name, first

Flu: mfr Seqirus Pty Ltd. Lot 276538, June 12, 2021

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