

Influenza Consent Form – Adult (2020-2021)

Patient Name: _____ **DOB:** _____

You are receiving: Influenza Vaccine _____ Pneumococcal Vaccine _____

Please complete the checklist below so you can safely receive an appropriate influenza and/or pneumococcal vaccine injection.

	Yes	No	Don't Know
Have you been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: _____			
Do you have a long-term health problem with heart disease, lung disease, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., Diabetes), or anemia or another blood disorder?			
Are you on a long-term aspirin or aspirin-containing therapy (for example, do you take aspirin every day?)			
Do you have cancer, leukemia, HIV/Aids, or any other immune system problem, or, in the past 3 months, have taken medications that weaken the immune system such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?			
Are you pregnant or could become pregnant within the next month?			
Do you live with, or expect to have close contact with, a person whose immune system is severely compromised and who must be in protective isolation?			
Are you receiving antiviral medications?			
Are you feeling sick today?			
Have you had the flu vaccine before?			
Have you had a reaction to any vaccine in the past?			
Are you allergic to egg, egg products, chickens or feathers?			
Do you have any allergies? Please list:			
Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness)?			

I have read, or have had explained to me, the applicable vaccine information sheet from the Centers for Disease Control and Prevention explaining the risks and benefits of the vaccine that will be administered. I have had a chance to ask questions which were answered to my satisfaction. I hereby consent to the staff of Western Sierra Medical Clinic administering to me a pneumococcal and/or influenza vaccine containing the strains: (2 A strains and 2 B strains): A/Guangdong-Maonan/SWL1536/2019 (H1N1) CNIC-1909, A/Hong Kong/2671/2019 (H3N2) NIB-121, B/Washington/02/2019 (B-Victoria lineage), and B/Phuket/3073/2013 (B-Yamagata lineage). The Flulaval and Fluarix quadrivalent vaccines are formulated without preservatives and do not contain thimerosal, a mercury derivative. Vaccine has been prepared in eggs. Each 0.5-mL dose of Flulaval may also contain residual amounts of ovalbumin (≤0.3 mcg), formaldehyde (≤25 mcg), sodium deoxycholate (≤50 mcg), α-tocopheryl hydrogen succinate (≤320 mcg), and polysorbate 80 (≤887 mcg) from the manufacturing process. Each 0.5-mL dose of Fluarix contains

octoxynol-10 (TRITON X-100) ≤0.115 mg, α-tocopheryl hydrogen succinate ≤0.135 mg, and polysorbate 80 (Tween 80) ≤0.550 mg. Each dose may also contain residual amounts of hydrocortisone ≤0.0015 mcg, gentamicin sulfate ≤0.15 mcg, ovalbumin ≤0.050 mcg, formaldehyde ≤5 mcg, and sodium deoxycholate ≤65 mcg from the manufacturing process.

Patient Signature: _____ **Date:** _____

The following to be completed by Western Sierra Medical Clinic

Patient Name:		DOB:	
Western Sierra Medical Clinic		Date Vaccinated:	Injection given by:
Lot:		Exp:	Site:
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Self-pay	<input type="checkbox"/> Other