

NORTHERN MONTANA HEALTH CARE
CONSENT FOR INFLUENZA VACCINATION
(INACTIVATED INFLUENZA VACCINE, INJECTABLE)

Name (Last, First, Middle Initial)		Date of Birth	Phone
Address	City	State	Zip
Insurance Plan			

Before agreeing to receive the vaccine, please take time to answer the following questions:

1.	Have you ever had a flu shot before?	YES	NO
2.	ALLERGIES: a. Do you have any SEVERE (life-threatening) allergies?	YES	NO
	b. Do you have a SEVERE EGG allergy?	YES Give Flublok	NO
	c. Do you have a SEVERE ALLERGY to any influenza vaccine component?	YES	NO
	d. Have you ever had a SEVERE reaction after a dose of influenza vaccine?	YES	NO
3.	Have you ever had GULLIAN-BARRE'SYNDROME (a severe paralytic illness, also called GBS)?	YES	NO
4.	Are you moderately or severely ill today?	YES	NO

Possible Vaccine Side-Effects and Adverse Reactions:

- ❖ Soreness at the injection site (10-65%)
- ❖ Fever, myalgia, and headache occur infrequently
- ❖ Immediate allergic reactions rarely occur.

I have read, or have had explained to me, the most recent Vaccine Information Statement (VIS) from the Centers for Disease Control (CDC) about influenza and influenza vaccine. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the risks and benefits of influenza vaccine and request the vaccine to be given to me or the person named below for whom I am authorized to make this request.

 Signature of person to receive vaccine or person authorized to make request

 Date

<p><i>For Office Use Only</i></p> <p>Administer 0.5 ml of injectable inactivated influenza vaccine intramuscularly (IM) (22-25g, 1-1½ ") in deltoid muscle</p> <p>Injection Site: <input type="checkbox"/> LEFT DELTOID <input type="checkbox"/> RIGHT DELTOID</p> <p>_____ Nurse Signature</p> <p style="text-align: right;">_____/_____/_____ Date</p>	<p>Affix Pharmacy Label Here</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Manufacture: _____</p> <p>Lot#: _____</p> <p>Exp. Date: _____</p> </div> <p>VIS Date: _____</p>
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