

**GROUP IMMUNIZATION  
INFLUENZA (FLU) VACCINE**

Patient Information

**Flu**

Influenza (flu) is a respiratory disease caused by influenza virus infection. The types, or strains, of influenza virus that cause illness may change from year to year, or even within the same year. People who get flu may have fever, chills, headache, dry cough, and muscle aches, and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe, and pneumonia or other complications, including death, may occur.

**Flu Vaccine**

The regular flu vaccine contains killed influenza virus of the types selected by the U.S. Public Health Service and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration. The types of virus included are those that have most recently been causing influenza. The vaccine will not give you the flu because it is a killed virus vaccine. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals.

**Risks & Possible Side Effects**

Influenza vaccine generally causes only mild side effects that occur at low frequency. Most commonly, the reactions may be a sore or tender arm where the injection was given, or possibly fever, chills, headache, or muscle aches. These side effects usually last 24 to 48 hours. Most people who receive the vaccine either have no reaction or only mild reactions. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Also, medical events completely unrelated to the vaccine may occur coincidentally following vaccination.

Unlike the 1976 swine influenza vaccine, flu vaccines used since then have not been clearly connected with an increase frequency of Guillain-Barre syndrome, which is associated with paralysis.

**Special Notice** - Vaccination is generally not recommended for the following people:

1. People allergic to eggs or egg products
2. People sensitive to thimerosal (a substance used as an antiseptic and germ killer)
3. People who have an active nerve disorder
4. People with a fever, or active respiratory or other infection or illnesses

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with a physician or your health department before receiving the vaccine.

**If you experience any significant reactions, see your physician.**

I have read the above information about influenza and influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of influenza vaccination and request that the vaccine be given to \_\_\_ me or \_\_\_ the person named below for whom I am authorized to sign.

**Information - Person to Receive Vaccine**

\_\_\_\_\_  
Name (Please Print) Birth Date Age

\_\_\_\_\_  
Address: Street City State Zip

X \_\_\_\_\_  
Signature (Person receiving vaccine or Parent or Guardian)

**For Clinic Use**

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Name of Vaccination

\_\_\_\_\_  
Manufacturer and Lot No.

\_\_\_\_\_  
Site of Injection

\_\_\_\_\_  
Chronic Disease Yes No