

- Influenza viruses change often and can cause epidemic human disease. The vaccine is updated each year. The inactivated influenza vaccine for the \_\_\_\_\_ (season) is formulated to contain two A strains and two B strains. This vaccine does not contain a live virus and will not cause influenza.

Influenza vaccination is recommended for people 6 months of age and older.

**Review the CDC Influenza Vaccine Information Sheets including: "who should get inactivated influenza vaccine", "who should not get inactivated influenza vaccine", and "risks".**

**Contraindications: You should NOT get the Influenza Vaccine if you have:**

- Severe allergic reaction to any vaccine components including egg protein and gentamicin (**see package insert for complete list of components**).
- Serious adverse reaction to a previous dose of influenza vaccine.
- A current moderate to severe illness. **WAIT** until your symptoms have improved. (Persons with mild illness can usually get the vaccine.) If you are ill, talk to your doctor about whether to reschedule the vaccination. If you have a fever of  $\geq 100.4$ , **WAIT** until you have recovered.
- History of Guillain–Barre Syndrome (GBS) is considered to be a precaution for getting the influenza vaccine. If you have ever had GBS, talk with your doctor to decide whether the vaccine is recommended for you. People who developed GBS within 6 weeks of getting an influenza vaccine should carefully consider with their doctor the potential benefits and risks.

I have read or had explained to me the information about influenza and influenza vaccine – a current Vaccine Information Sheet (VIS) was made available to me. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of influenza vaccination and request that the vaccine be administered to me.

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|----------------------------------|------------------------------------|-------------------------------|-------------|
|                                  |                                    |                               |             |
| Printed Name Patient or Guardian | Relationship if other than Patient | Patient or Guardian Signature | Date / Time |

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|--|--|-------------|
|  |  |             |
| Printed Name Administered by             | Administered by Signature  | Date / Time |
|  | Deltoid IM <input type="checkbox"/> Left <input type="checkbox"/> Right          |             |
|  | Vastus lateralis IM <input type="checkbox"/> Left <input type="checkbox"/> Right |             |
|  |  |             |
| Manufacturer / Lot No. / Expiration Date |  |             |

Wentworth–Douglass Health System  
**OUTPATIENT CONSENT FOR SEASONAL  
 INFLUENZA VACCINE INACTIVATED  
 INFLUENZA VACCINE INJECTION**



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