

INFLUENZA IMMUNIZATION INFORMED CONSENT

Influenza is a contagious respiratory illness caused by flu viruses spread mainly by coughing, sneezing and close contact. The illness can be mild to severe, and at times can lead to death. This acute disease comes on suddenly, with self-limiting symptoms (resembling a severe “common cold”) within 2-7 days of onset. Each year thousands of people in the U.S. die from the flu and many more are hospitalized. Persons 65 years and older account for 80% of deaths. 50% of hospitalizations are persons younger than 65 years old. Vaccination is the most effective step you can take to be protected from Influenza. In June 2023, the ACIP (Advisory Committee on Immunization Practices) along with CDC voted to recommend that individuals with egg-allergy may receive any flu vaccine that is appropriate to their age and health status. Additional safety measures are no longer needed for flu vaccination beyond those recommended for any vaccine. Please consult your physician/healthcare provider if you have questions or concerns.

HIGH RISK FOR COMPLICATIONS FROM INFLUENZA

- **Children: 6 months of age and older (no contraindications)**
- **Residents of nursing homes and other elderly community living sites**
- **Respiratory:** Asthma, COPD, Cystic Fibrosis
- **Cardiac:** Congenital Heart Disease, CHF, Coronary Artery Disease
- **Endocrine:** Diabetes, Extreme Obesity (BMI ≥40)
- **Metabolic:** Inherited and Mitochondrial
- **Weakened Immune System:** HIV, AIDS, Cancer, Chronic Steroid Usage, Organ Transplant
- **Pregnant women**
- **Adults: 65 years and older**
- **American Indian and Alaskan Native populations**
- **Increased risk for severe illness from COVID-19**
- **Renal:** Kidney Failure
- **Blood:** Sickle Cell Disease
- **Liver Disorders**

CLINICAL INFLUENZA SYMPTOMS

- Chills/sweats
- Muscle/body aches
- Headache
- Fatigue (tiredness)
- Dry, persistent cough
- Sore throat
- Runny or stuffy nose
- Fever over 100°F

POSSIBLE VACCINE SIDE EFFECTS

Mild: Usually short term, 1-2 days

- Soreness, redness or swelling at injection site
- Headache
- Fever
- Hoarseness; sore, red or itchy eyes
- Aches
- Itching
- Fatigue
- Cough

Severe: Allergic reaction is possible, but very rare

People who are moderately or severely ill should wait until they are recovered before getting the vaccine.

VACCINE INFORMATION STATEMENT (VIS) PROVIDED TO RESIDENT/REPRESENTATIVE

Inactivated Influenza VIS Available at: www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf

Vaccine Type Administered: Quadrivalent

- I have received the information about influenza and have been educated on the benefits and risks associated with the influenza vaccine. I hereby give permission and request the vaccine be administered to me or the person named for whom I am authorized to sign.

Patient/Resident/Legal Representative

Date Signed

Witness Signature/Title

Date Signed

REASON FOR VACCINE DECLINE (Medical or Personal Reasons)

- I have already received this season's vaccine outside the facility. Date received _____ Location _____
- I have received the information about influenza and have been educated on the benefits and risks associated with the influenza vaccine. I hereby **decline** my permission to receive the vaccine for the following reason(s):

A. Medication Contraindication(s): Check all that apply (Physician needs to be informed of medical conditions)

- History of Guillain-Barré Syndrome
- Febrile illness at this time (Temp > 101.5° F or 38.6° C)
- Allergy to thimerisol (preservative in vaccines) or any vaccine component
- Previous Hx of severe reaction to influenza vaccine
- Other medical conditions, specify: _____

B. Personal Reason(s): Check all that apply (Physician needs to be informed of personal reasons)

- Perceived vaccine ineffectiveness
- Perceived vaccine will “give me the flu”
- Fear of needles/injections
- Other personal reasons, specify: _____
- Fear of side effects

Patient/Resident/Legal Representative

Date Signed

Witness Signature/Title

Date Signed

NAME-Last

First

Middle

MR #