



# PROVIDENCE URGENT CARE

## CONSENT AND AUTHORIZATION FOR INFLUENZA VACCINE IMPORTANT INFORMATION -- PLEASE READ CAREFULLY

**WHAT IS INFLUENZA (FLU)?** Influenza (or "flu") is a viral infection of the bronchial tubes and lungs that can make someone ill at any age. Usually the flu occurs in the United States from about November to April. If you get the flu, you usually have fever, chills, cough, and soreness and aching in your back, arms, and legs. Although most people are ill for only a few days, some people have a more serious illness and may need to go to the hospital.

Influenza vaccination is the single most important means to prevent and control influenza in our population. Health care workers, particularly those who have extensive contact with elderly patients or young children are a high priority group to receive vaccination, but it can be given to anyone (even in pregnancy) wishing to reduce his/her risk of infection.

**INFLUENZA VACCINE:** The viruses that cause flu frequently change, so people who have been infected or given flu vaccine in previous years may become infected with a new strain. This year's (2009-2010) flu vaccine provides protection against: A/Brisbane/59/2007(H1N1); A/Uraguay/716/2007 NYMC X-175C (H3N2); B/Brisbane/60/2008. All the viruses in the vaccine are killed so that they cannot infect anyone. Flu vaccine will not protect all persons who receive them against the flu. In addition, they will not protect against other illnesses that resemble the flu.

**NOTE: This vaccine DOES NOT protect against the H1N1 strain or "swine flu."**

**POSSIBLE SIDE EFFECTS OF THE VACCINE:** Most people have no side effects from influenza vaccines. Flu vaccines are given by injection, usually into a muscle of the upper arm. This may cause soreness for a day or two at the injection site, and occasionally may also cause a fever or achiness for one or two days. As is the case with most drugs or vaccines, there is a possibility that allergic or some serious reactions could occur with the flu vaccine.

**PERSONS WHO SHOULD NOT BE GIVEN THE FLU VACCINE** include those with an allergy to chicken eggs, chicken, chicken feathers, chicken dander, or any egg products and thimerosal (mercury derivative) because of a dangerous reaction that may follow the injection. I have been informed of the potential allergic interactions associated with this vaccine and certify that I do not have any of the aforementioned sensitivities. \_\_\_\_\_ (your initials)

**PERSONS WHO ARE ILL** and have a fever should delay vaccination until the fever and other temporary symptoms have disappeared. Injections should also be deferred if any acute respiratory disease is present.

_____ PRINT name of person receiving vaccine	_____ Signature of person, parent or guardian	_____/_____/_____ Date of Birth
_____ Last four digits of SS # only	_____ VIS Form #: VI S 42 U.S.C. §300aa-26 given / Staff Initial	_____/_____ _____
_____ Lot # Exp. Date	_____ Injection site/Initial	_____
_____ Date performed	_____ Signature of administering staff	_____