

IMMUNIZATION INFLUENZA (FLU) VACCINE

Flu

Influenza (flu) is a respiratory disease caused by influenza virus infection. The types or strains of influenza virus causing 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 develop.

Flu vaccine

The flu vaccine commonly administered by injection contains killed influenza virus of the types selected by the U. S. Food and Drug Administration. The types or strains of virus included are those which are predicted to cause the most problems for the current flu season. The vaccine will **not** give you the flu because it is a killed vaccine. As with any vaccine, flu vaccine may not protect all susceptible individuals.

Risks and Possible Side Effects

Influenza vaccine generally only causes mild side effects that occur infrequently. The most common reactions include a sore or tender arm at the injection site, or possible fever, chills, headache or muscle aches. These effects usually last 24 to 48 hours.

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.



Information – Person to Receive Vaccine

_____ I have received and reviewed the current VIS
Initials

_____/_____
 Name (please print) Emp I.D.

_____/_____/_____
 Birth date Age work #

 Street address

_____/_____/_____
 City State Zip Code

 Signature (Person receiving vaccine or Parent or Guardian)

Most people who receive the vaccine either have no reaction or experience a very mild reaction. There is a

possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Moreover, untoward medical events completely unrelated to receiving the vaccine may occur coincidentally in the period following vaccination.

Unlike the 1976 swine flu vaccine, flu vaccines used subsequently have *not* been clearly associated with an increased occurrence of Guillain-Barre' Syndrome, which is associated with paralysis.

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

- Are allergic to eggs or egg products
- Have had a previous reaction to a flu shot
- Are sensitive to Thimerosal
- Have an active neurologic disorder
- Have a fever, acute respiratory or other active infections or illnesses
- Have a history of Guillain-Barre' syndrome

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 this vaccine.

If you experience any significant reactions, see your physician.

For Clinic Use Only

FNLCR/OHS
 Name of Clinic

_____/_____
 Date of Vaccination Injector's Initials

Novartis/157405 05/2016
 Manufacturer & Lot No. Exp.Date

_____/_____
 Site of Injection VIS Date

 Chronic Disease Yes No

Note to Clinic: This portion of the form should be retained in your records for at least one year.